

Graduate Academic Services UNIVERSITY OF LA VERNE Woody Hall 909-448-4011 E-mail: mdelvalle@laverne.edu or bakerj@laverne.edu

PETITION TO THE GRADUATE APPEALS COMMITTEE FOR AN EXCEPTION TO UNIVERSITY POLICY

Return form via fax to (909) 448-1668 or in person to Graduate Academic Services located in Woody Hall

The Graduate Appeals Committee meets approximately every three weeks for graduate/doctoral student appeals. Completed petitions must be received by 12pm (noon) three working days prior to each scheduled meeting to be included in the upcoming appeals meeting. Failure to complete all sections or obtain all signatures will prevent the appeal from being processed.

If an appeal is granted, the student will be charged a minimum \$50 appeal fee. It is the student's responsibility to check with Student Accounts and Financial Aid (if applicable) to determine how their appeal may affect their account. For requests to waive appeal fees, tuition charges and/or other fees, the student will need to submit a separate appeal to the Student Accounts office.

A LETTER WITH THE RESULT/S OF YOUR PETITION WILL BE MAILED TO THE ADDRESS SPECIFIED BELOW					
NAME:		ID#:	DATE:	_ DATE:	
HOME PHONE:	CELL PHONE:	EMAIL:	(@laverne.edu	
MAILING ADDRESS:					
	Street	City	State	Zip	
SPECIFIC COURSE(S): SPECIFIC DEGREE PROGR					
LATE OR RETROACTIVE ADD/REGISTRATION TERM OR SEMESTER		EXT. OF TIME TO COMP	LETE "INC" OR '	'IP''	
LATE OR RETROACTIVE WITHDRAWAL		DATE COURSE WILL BE COMPLETED			
LATE OR RETROACTIVE DROP		EXTENSION OF TIME TO COMPLETE DEGREE			
NUMBER OF CLASS SESSIONS ATTENDED		DATE DEGREE WILL BE COMPLETED			
Student's Statement of Requ	est – include (1) specific details	of the course(s) for which you are r	equesting an add	, drop,	

withdrawal or extension of time, (2) the reason you missed the registration deadline, and (3) the extenuating circumstance you feel an exception to University policy should be granted. All supporting documentation must be submitted with the appeal. Examples of documentation may include, but are not limited to, a doctor's note, accident report, and verification of change in employment from employer.

STUDENT'S SIGNATURE	DATE
PROGRAM CHAIR/ADVISOR SIGNATURE	SUPPORTDON'T SUPPORT
COMMENTS	DATE
INSTRUCTOR COMMENTS	
SIGNATURE	DATE