



Graduate Services
UNIVERSITY OF LA VERNE
 Woody Hall 909-448-4011

E-mail: msoto@laverne.edu or gas@laverne.edu

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

Return forms via e-mail.

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 EMAILED TO YOUR ULV EMAIL ADDRESS

ALL COMMUNICATION WILL BE SENT VIA EMAIL

NAME: _____ ID#: _____ DATE: _____

EMAIL: _____@laverne.edu

HOME PHONE: _____ CELL PHONE: _____

SPECIFIC COURSE(S): _____

SPECIFIC DEGREE PROGRAM:

| | |
|---|--|
| ____ LATE OR RETROACTIVE ADD/REGISTRATION _____ TERM OR SEMESTER | ____ EXT. OF TIME TO COMPLETE "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 Request – include (1) specific details of the course(s) for which you are requesting 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 _____ SUPPORT ___ DON'T SUPPORT ___

COMMENTS _____ DATE _____

INSTRUCTOR COMMENTS _____

SIGNATURE _____ DATE _____