

Academic Policy Appeal



****This form must be downloaded and saved before it can be submitted.**

Name: _____ Student ID: _____ Today's Date

Student RWU Email Address: _____

Student Level: ☐ Undergraduate ☐ Graduate Major _____

Term: 20

Course Section	Instructor	Extend Drop Deadline	Extend Withdrawal (W) Deadline	Extend Course Audit Deadline	Extend Pass/No Pass Deadline
ie: WTNG.102.03	M. Smith	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain the reason for your appeal below. You may also send additional documentation including support from your faculty member/s. Please email additional documentation to: AcademicPetitions@rwu.edu

Student Signature

Date

Committee Decision: Approve ☐ Deny ☐ Committee's Comments

Signature _____ Date

Bursar's Office Received _____

Signature _____ Date

Registrar's Office Received _____

Signature _____ Date

