



**Alcorn**  
State University

# Academic Affairs Appeal Form

Office for Academic Affairs

**(FORM MUST BE TYPED)**

NAME \_\_\_\_\_  
Mr./Ms.                      First                      Middle                      Last

ASU ID NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

PROGRAM OF STUDY \_\_\_\_\_ ADVISOR \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Number and Street                      City                      State                      Zip

TELEPHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

**DIRECTIONS:** Appeals submitted at Level 2 to Academic Affairs must include a formal written explanation of additional information to consider for reversal of the academic progress decision rendered at Level 1 by Graduate Studies. Add additional documentation to support your appeal such as transcript, Change of Grade Form, proof of exigence, etc. as applicable.

PROFESSIONAL STATEMENT:

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR USE BY THE OFFICE FOR ACADEMIC AFFAIRS ONLY</b>			
___	Approved	___	Denied
<b>Decision Notification:</b>	___ Letter	___ Conference	___ Email
Signature: _____	Date: _____		
Associate Provost for Research, Innovation and Graduate Education			

Return to the Office for Academic Affairs for processing. Email to [aastampley@alcorn.edu](mailto:aastampley@alcorn.edu)