Student Activities Eligibility Appeal Form

Name: ____________________________________________ Date: ____________________________

UIN#: ______________________________ Email: ____________________________________________

Current Officer Position: _________________________ RSO/Sports Club: ________________________

Reason(s) for appeal (check all that apply):

☐ The student suffered a medical emergency that affected the student’s grades or the number of hours the student was able to enroll in during a specific semester.

☐ The student suffered a family emergency involving immediate family members (siblings or parents) that affected the student’s grades or the number of hours the student was able to enroll in during a specific semester.

☐ In the student’s last semester prior to graduation, the number of credits the student has registered for is less than the number of credits that the student is required to be registered for by the Regulation because the student needs only those credits registered to graduate. (Please provide supporting documentation from Academic Advisor).

☐ Other: ________________________________________________________________________________

_______________________________________________________________________________________

Please provide a detailed explanation; including specific information for each item you are appealing. You may attach additional pages if necessary:

*This form must be completed and returned to the Office of Student Involvement, Student Union, Room 258, by 5pm, within five (5) class days of the date of the ineligibility letter.

Office Use Only:
☐ Appeal Granted ☐ Appeal Denied ☐ Appeals Committee – ☐ Granted ☐ Denied