

**University Of Arkansas At Monticello
And Colleges Of Technology**

ACADEMIC APPEAL FORM

Student Name: _____

Student ID #: _____

Phone No. where best to reach you: _____

Mailing Address: _____

City, State, Zip Code: _____

Major: _____

Advisor: _____

Please check all that apply.

I am appealing:

_____ Academic Decision

_____ Academic Suspension

_____ To attend Summer I

_____ To attend Summer II

_____ To attend Fall

_____ To attend Spring

_____ Other. *Describe briefly on back of form.*

_____ Grades (*Appeals of grades will be heard only if mediation has failed. A copy of the completed Grade Mediation form must be attached to this appeal.*)

Please attach a word processed letter including a detailed explanation of all of the following factors as well as any additional information you would like the Committee to consider while reviewing your appeal. Your letter must be clear, concise and scholarly prepared, including correct spelling, grammar, punctuation and appropriate sentence structure. You are encouraged to be present at the Committee meeting; but in the event you are unable to attend the meeting, the detailed information you provide will assist the Committee members to arrive at a fair decision in your absence.

Factors That Influenced Your Academic Performance. Check all that apply to this situation.

- _____ 1) Number of hours you were employed, including the type of work and the total number of hours you worked during the previous semester/s and the number of hours you plan to work whenever you are attending school.
- _____ 2) Extracurricular activities (those activities other than course requirements) in which you were involved during the previous semester/s.
- _____ 3) Number of credit hours in which you were enrolled during previous semester/s.
- _____ 4) Number of course activities/requirements for course/s in which you were enrolled.
- _____ 5) Personal problem/s, including the nature of the problem/s and changes regarding any problem/s.
- _____ 6) Other circumstance/s you believe influenced your previous academic performance.

Submit your appeal including this completed form and your word-processed letter (and Grade Mediation Form if necessary) to the Academic Appeals Committee through the Office for Academic Affairs or the Director of Instruction (Crossett or McGehee campus), or you may mail your appeal to the campus where you are enrolled:

Academic Appeals Committee
c/o Office of Academic Affairs
University of Ark. at Monticello
P. O. Box 3478
Monticello, AR 71656

Academic Appeals Committee
c/o Director of Instruction
UAM-College of Technology--McGehee
P. O. Box 747
McGehee, AR 71654

Academic Appeals Committee
c/o Director of Instruction
UAM College of Technology-- Crossett
1326 Hwy. 52 West
Crossett, AR 71635

_____ **I WILL appear before the committee.**

_____ **I WILL NOT appear before the committee.**

I understand the UAM Academic Appeals Committee's decision is the final step in the appeals process. I authorize the release of any and all information relevant to my appeal to any and all members of the Academic Appeals Committee.

Student Signature

Date