

## Missouri Western State University

### Graduate Student Appeal Form

Name \_\_\_\_\_ G# \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Telephone No. \_\_\_\_\_

Graduate Degree Program \_\_\_\_\_

Nature of Appeal:

I hereby authorize the Graduate Office and/or the Registrar's Office to release my academic records and the attached materials to the appropriate faculty committee(s).

\_\_\_\_\_  
 Student Signature Date

	Signatures Verifying Actions Taken	Appeal Approved	Appeal Denied	Date
Graduate Faculty	_____	_____	_____	_____
Department Chair	_____	_____	_____	_____
College Dean	_____	_____	_____	_____
Graduate Dean	_____	_____	_____	_____

Comments: