

MWSU Admission and Graduation Committee

The appeal process is reserved for those students who have extenuating circumstances which exist and are making a request outside of university policy.

Last Name		First Name	G Number (or ssn)
Street Address			
City	State	Zip	Telephone Number
Purnose of ann	eal (please mark o	ne and complete d	escription).
		-	emester(s) and course(s).
Request for	a late drop (no grades	s on transcript). Specif	fy semester(s) and course(s).
included for General Stu Course(s) _	each request). Speci idies Category and G	fy the following – roup	ies credit (course description and syllabus must be
	flicit course(s) were a		
Other reque	est (briefly explain)		
	•	r complete the back of J policy should be mad	f this form describing your request in more detail and de.
			es <u>must</u> be attached. Examples include medical ; letter from MWSU academic department or
I have subm	itted documentation w	hich supports my app	eal.
I approve rel	ease of my full appea	I to the Business Offic	e should I choose to request a refund.
I hereby acknowle documentation is	• • •	hich has been presen	nted in this appeal and accompanying

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Attach a detailed letter of explanation regarding your appeal or include the explanation below. This appeal form and supporting documentation can be emailed to registrar@missouriwestern.edu or mailed to the following address -

Admissions and Graduation Committee c/o Susan Bracciano, Registrar Missouri Western State University 4525 Downs Drive, Eder Hall 102 Saint Joseph, Missouri 64507-2294

APPEAL IS NOT AUTOMATIC APPROVAL

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