

Graduate Academic Appeals Form

Completed Form and supporting documentation should be delivered to the Graduate Programs Office in 206 Showalter Hall within the **first 10 working days** of the quarter in order to be reviewed during that given quarter.

Name:	Student ID:							
E-mail Address:	Date:							
Degree you are seeking: Graduate Program/Department: (MS, MM, MA, etc)								
Anticipated Graduation Term and Year:								
Type of Appeal: Request for more than 12 pre-admission credits Expired Comparison	ourse Exemption 🗌 Other							
Description of appeal request (350 words or less):								

Expired Course Exemption: Total Number of Expired Credits Requesting:

Course Name	Credits	Date of course

Request for More than 12 Pre-Admission Credits: Total Number of Pre-Admission Credits Requesting: __

Course Name	Credits	Date of course	Transfer University	(If applicable) Course will be substituting:

Student Signatur	e	Date	Program Dir	ector Signature	Date			
Documentation/Evidence that MUST included:								
Student Appeal		Letter	Letter of Support from Department		Transcripts (unofficial)			
206 Showalter Hall	Cheney, WA 99004-2444	509.359.6297 Fax: 509.3	Graduate Programs 359.6044 www.ewu.edu/grad	EWU expands oppo transformation throu	rtunities for personal Igh excellence in learning.			



Student Appeal

Graduate Programs 206 Showalter Hall Cheney, WA 99004

gradprograms@ewu.edu 509.359.6297

Name: _

_ Student ID: _____

Please describe your appeal your are seeking and include any pertinent information you would like the appeals committee to know about your case.