

Student: Complete this Section

I. STUDENT INFORMATION

Student Level: Undergraduate Graduate Not currently a student at Ohio University

College: Arts & Sciences Business Communication Education Engineering Fine Arts
 Health & Hum. Serv. Honors Tutorial Osteopathic Med. Univ. College Graduate College

Campus: Athens Chillicothe Eastern Lancaster Southern Zanesville Other

Degree Program: _____

International Student: YES* NO

Name _____ OU PID Number _____

Mailing Address Line 1 _____ Local (Athens) Phone _____

City, State, Zip _____ OU (Oak) E-mail Address _____

STUDENT CHECKLIST:

Speak to College Dean's Staff regarding the appeal process

Bursar's receipt for \$5 fee
Fee not required for medical appeals or appeals due to University error

Student's Appeal Letter

Student's Supporting Documentation

II. COURSE INFORMATION

Academic Year 2009-2010 2008-2009 Other _____

Quarter/Session Fall Winter Spring Summer 1 Summer 2 Summer Full Other _____

Course Prefix & Number (e.g. MATH 113)	Call Number	Section Number (e.g. A01)	Credit Hours	Last Date Attended Class (if class was ever attended)	Check if NEVER attended class.
_____	_____	_____	_____	_____	<input type="checkbox"/> Never Attended
_____	_____	_____	_____	_____	<input type="checkbox"/> Never Attended
_____	_____	_____	_____	_____	<input type="checkbox"/> Never Attended
_____	_____	_____	_____	_____	<input type="checkbox"/> Never Attended
_____	_____	_____	_____	_____	<input type="checkbox"/> Never Attended

III. REASON FOR SEEKING APPEAL/DESCRIPTION OF CIRCUMSTANCES/SUPPORTING DOCUMENTATION

On a separate sheet of paper, write a letter of appeal describing the reason(s) and justification for seeking an appeal. Be specific - describe extenuating circumstances, provide dates, the name of persons contacted, and any steps you took to address the problem at the time it occurred. Attach appropriate documentation from your professor(s), medical provider(s), or other professional(s) as needed. Review instructions for more information. **(See NOTE section in the right column.)**

Student's Signature _____ Date form completed _____

College Student Services Office: Complete this Section

College Student Services Review Date: _____ Student Services: Supports Does not support

Name of college student services person submitting this form _____ Staff person's campus address _____ Staff person's campus phone # _____

Notes: _____

Submitting office: Please attach appropriate documentation as noted below. Petitions received without these will be returned.

1. Attach appropriate registration form (change order, cancellation form, or withdrawal form)
2. Attach complete copies of TOOK and TRCL screens for the appropriate quarter.
3. Attach instructor(s) verification(s) of last day attended, if applicable.

Tuition Appeal Review Panel: Complete this Section

Review Panel Action: Approved in Full Approved in Part _____ % Denied (state reason below)

Action Code assigned to the class or classes being dropped: _____

Panel Chair Signature: _____ Date: _____

Follow up to Review Panel Action Required (if any):

Financial Aid Office Review Required Financial Aid? Yes No _____
Financial Aid Reviewed By _____

Notes: _____

International Student Services Review Required OK to process? Yes No _____

ISS Reviewed By: _____