



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 Course 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 Signature

Date

Program Director Signature

Date

Documentation/Evidence that MUST included:

Student Appeal Letter of Support from Department Transcripts (unofficial)



Student Appeal

Graduate Programs
206 Showalter Hall
Cheney, WA 99004

gradprograms@ewu.edu
509.359.6297

Name: _____ Student ID: _____

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