

North Carolina Central University School of Graduate Studies Dismissal Appeal Form

Procedures for Filing an Appeal:

A student may elect to appeal the dismissal decision by submitting a written petition to the Dean of their School or College within seven (7) work days of receiving *formal notice of dismissal* from the University. A student's appeal must include the following:

A completed appeals form;

A clear and concise petition personally typed and developed by the student to delineate the appeal and the extenuating circumstances that will justify the request;

An official/authentic/formal document providing proof of the extenuating circumstance(s) which the student contends caused his/her inability to maintain the required GPA or to maintain a record of academic success with no more than one grade of "F."

Definition of Extenuating Circumstances

An "extenuating circumstance" is defined by the University as a situation which is beyond the student's control and which could not have been prevented by the student. Such circumstances include, but are not limited to, the following:

- A car accident which causes serious injury to the student resulting in hospitalization and/or creating health challenges which prohibit the student from being able to meet academic requirements;
- A serious, life-threatening, or life-altering illness to the student or an immediate family member for whom the student must assume legal responsibility due to the condition;
- An official documentable military deployment;
- A natural disaster which negatively impacts the student's well-being due to total destruction of home or other essential familial provisions.

A letter of support from the student's department chair;

A letter of support from the student's program coordinator or graduate program director.

Student Infor	rmation:			
Full Legal Na:	me:			
	Last		First	Middle
Student ID#:			Major:	
Email Address:			Telephone#:	
Mailing Add	ress:Str	eet/PO Box Ci	ity State	Zip Code
	50	cct/1.0. box - c	tty State	Zip code
Student Signature: Date:				
College/School	l Dean Recomm	endation:		
\square Approve	□ Deny			Date:
	·	Signature: Dear	of College/ School	
Graduate Cour	ncil Student Affa	airs Committee Reco	mmendation (Attach Writt	en Explanation):
\Box Approve	☐ Deny			Date:
	•	Signature: Chai	r, Graduate Council Studen	t Affairs Committee
Final Decision:	:			
\Box Approve	□ Deny			Date:
	J	Signature: Dean	nature: Dean, School of Graduate Studies	
Office Use Onl	l <u>y:</u>			
			Date:	
Signature: Dea	n, School of Gra	duate Studies		
			Date:	
Signature: Univ	versity Registrar			