

The University of Akron  
University College Dean's Office  
Academic Appeal Routing Form

If you feel your academic performance this semester was affected by circumstances beyond your control, you may appeal the dismissal action. To do so, please send a typed appeal letter stating your reasons for not achieving an acceptable grade point average and provide appropriate documentation from a third party explaining the circumstances. Third party documentation may include a doctor's statement, statement of hospitalization, records concerning legal matters, or similar documentation.

**Appeal letters must be postmarked, faxed, or received in person  
no later than 4:00 p.m. on Wednesday, November 18, 2009.**

Please return this completed form, your typed appeal letter and your documentation by one of the following methods:

Deliver to:

University College  
Dean's Office  
Simmons Hall, 3<sup>rd</sup> Floor  
Room 302

Mail to:

Academic Appeals Committee  
The University of Akron  
University College Dean's Office  
Akron, Ohio 44325-6201

Fax to:

Academic Appeals Committee  
(330) 972-6720

**SECTION TO BE FILLED OUT BY STUDENT - Please print:**

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Day Phone# (\_\_\_\_) \_\_\_\_\_  
Street City State Zip

Semester for readmission: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Year: \_\_\_\_\_

Documentation type included (e.g., doctor's letter, medical information, legal information, etc.)  
\_\_\_\_\_

Contact information for third party documentation source: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR UNIVERSITY COLLEGE DEAN'S OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Date Logged In: \_\_\_\_\_ Date Letter Sent: \_\_\_\_\_

Additional documentation needed: \_\_\_\_\_

Calls made to request documentation: \_\_\_\_\_

Final Decision:

\_\_\_\_\_ Denied \_\_\_\_\_ Accepted Semester Eligible to return: \_\_\_\_\_

Date Attending IAM Workshop: \_\_\_\_\_

Name \_\_\_\_\_

ID # \_\_\_\_\_

The University of Akron  
University College Dean's Office  
Academic Appeal Committee Decision Form

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REVIEWER AND COMMENTS

DISPOSITION

1)

\_\_\_\_\_ Accept \_\_\_\_\_ Deny

2)

\_\_\_\_\_ Accept \_\_\_\_\_ Deny

3)

\_\_\_\_\_ Accept \_\_\_\_\_ Deny