The University of Akron
Center for Academic Advising and Student Success (Penthouse)
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** and **provide appropriate documentation from a third party**. In your letter describe your situation, explain your third party documentation, and address how your situation will be different during the next semester (e.g., if you were evicted, explain where you will be living next semester). Third party documentation may include a doctor's statement, statement of hospitalization, records concerning legal matters, or similar documentation on official letterhead.

Appeal forms, letters, and documentation must be received by mail, fax, or in person no later than 4:30 p.m. on June 19, 2015.

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

Deliver to:
Advising & Student Success
Simmons Hall
Room 301

Mail to:
Advising & Student Success
The University of Akron
Simmons Hall **Room 301**
Akron, Ohio 44325-4000

Fax to:
Academic Appeals Committee
(330) 972-5848

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 CAASS Appeals Committee 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: _____