

Approved EC October 2, 2006  
Reviewed by FA October 16, 2006

**UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY  
SCHOOL OF NURSING**

**ACADEMIC APPEAL FORM**

Please print or type:

SN program of study (circle one):      BSN                      MSN                      DNP

Student: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Course and Title: \_\_\_\_\_

Semester and Year: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_

What action are you requesting?

\_\_\_\_\_

Please give specific details that are pertinent to your appeal:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach any supporting documents.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Date Received

Action: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Student Affairs Chairperson's Signature

\_\_\_\_\_  
Date Received

Student Affairs Committee Action:

\_\_\_\_\_ Approve \_\_\_\_\_ Deny

10/06