APPEAL FOR EXCEPTION TO ACADEMIC POLICY

Undergraduate Education

Use this form to appeal or petition any special exception to existing policies. It is the student’s responsibility to submit all information in a timely manner and to be aware of any and all deadlines that could be affected by the decision.

I. Procedure

A. Students should complete this form with an explanation of the circumstances to be considered for exceptional consideration.

B. Any supporting materials that the student believes relevant and would like the Office of Undergraduate Education to consider should be submitted in a sealed envelope with this form.

C. The completed form, an unofficial transcript, and any additional supporting materials should be submitted to the Office of Undergraduate Education (UT Dallas Office FO 2.710) for consideration.

II. Notification

A. The student will receive written notification of the Office of Undergraduate Education’s decision within 10 working days after submission of a completed appeal.

B. Notification will be provided via e-mail to the student’s UT Dallas e-mail address. If the student does not have an active UT Dallas e-mail address, a letter will be mailed to the address provided on the form.

III. Appeal

A. Any appeal of the Dean of Undergraduate Education’s decision is in accordance with the policies identified in the UT Dallas Undergraduate Catalog. (Please consult the UT Dallas Undergraduate Catalog for more information).
Please submit the following information, an unofficial transcript, and any additional supporting documentation to UT Dallas Office FO 2.710.

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<thead>
<tr>
<th>Name (please print):</th>
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<tbody>
<tr>
<td>UTD ID #:</td>
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<td>Major:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>E-mail:</td>
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<tr>
<td>My UT Dallas e-mail address is active. Yes_______ No_______</td>
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<tr>
<td>Telephone:</td>
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Request: Please select one of the following reasons for appeal. Include brief explanation of the exception you wish to be considered or the decision you are appealing.*

- [ ] 24/30 Rule
- [ ] Registration (Drop/Add)
- [ ] Early Admission to Fast-Track
- [ ] Graduation
- [ ] Re-Admission
- [ ] Withdrawal
- [ ] Termination of Scholarship
- [ ] Other

*Note: Some requests require additional forms

Reason: Explain the circumstances requiring consideration of this exception or why you are appealing the previous decision.

Resolution: State the course of action you are requesting.
I certify that the information provided with this appeal is complete and accurate. I understand that providing false or misleading information will result in a referral to the Dean of Students and Judicial Affairs.

Student Signature ___________________________ Date ____________

Advisor has reviewed form and documentation.

Advisor Signature ___________________________ Date ____________

Advisor Extension ______

Associate Dean’s Decision:

Approved ________ Not Approved ________

Associate Dean Signature ___________________________ Date ____________

Office of Undergraduate Education Use Only

Appeal Form:

Date Received: _______________ Received By: _______________________

Unofficial Transcript / Supporting Documentation Provided:

Yes ______ No _______

Dean’s Decision:

Approved ________ Not Approved ________

Dean Signature ___________________________ Date ____________

Date Student Notified: _______________ By: Email _____ Mail _______

Date ADU Notified: _______________ By: Email _____ Mail _______

Processed By: ___________________________