

APPEAL PETITION

**Committee for Students
College of Education and Psychology
The University of Texas at Tyler**

THIS FORM IS TO BE TYPED.

USE THE TAB KEY TO GET FROM ONE FIELD TO ANOTHER. DO NOT HIT ENTER.

Name:	Student ID #:
Address:	Date:
City, State:	Zip:
Email:	Phone:

(a) What is the policy or decision you are appealing:

(b) Explain specifically and in detail why you are requesting this appeal petition and why you feel an exception should be made in your case:

(c) Provide any other information that may be relevant to this appeal petition:

PLEASE ATTACH THE SUPPORTING DOCUMENTS CHECKLIST FORM AND SUPPORTING DOCUMENTS TO THIS APPEAL FORM AND OBTAIN YOUR ADVISOR'S SIGNATURE BEFORE SUBMITTING. KEEP A COPY OF ALL DOCUMENTS YOU SUBMIT.

Student signature _____ *Advisor/Instructor signature* _____

Committee Chair signature _____ *Date* _____

Appeal petition approved

Appeal petition not approved