

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