University of Delaware

College of Health Sciences

School of Nursing

**Graduate Programs**

**Appeal Form**

**Date:**

**Student Information: Student ID:**

**Name: Program of study**

**Address: Phone: e-mail:**

**Is this your first appeal?**

**If not, please indicate date and reason of previous appeal(s):**

**Current cumulative GPA: \_\_\_\_\_\_\_ as of date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for appeal (check all that apply)**

**\_\_\_\_\_ Permission to re-enter the program after 2 grades below B-**

**\_\_\_\_\_ Permission to continue in nursing program with a GPA of < 3.0.**

**\_\_\_\_\_ Other (briefly explain):**

**This section to be completed by Student:**

Indicate rationale for appeal below. If applicable, attach supporting documentation or remediation plan according to the guidelines.

**This section to be completed by Adviser/Faculty**  **Date:**

**Advisor/Faculty Name:**

Please provide: (1) summary of background information, and (2) your recommendation with rationale:

**SAC Recommendation: Date:**

**Vote: \_\_\_\_\_\_\_**

**\_\_\_\_\_Appeal granted**

**\_\_\_\_\_Appeal granted with stipulations**

**\_\_\_\_\_Appeal denied**

**\_\_\_\_\_No action taken**

**\_\_\_\_\_Appeal returned**

**Comments:**

**Reviewed 11/12 – SAC; 10/21/19-SAC; approved SAC 2/19/20**