

THE GRADUATE SCHOOL • VALDOSTA STATE UNIVERSITY  
ADMISSION DENIAL APPEAL FORM

NAME _____	DATE _____	
ADDRESS _____	PHONE _____	
CITY _____	STATE _____	ZIPCODE _____
STUDENT #ID _____	MAJOR _____	
EMAIL _____		

BRIEFLY EXPLAIN REASON FOR APPEAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT: Forward to the Graduate Program Coordinator of the program you applied.

The appeal must be heard in the following order:

1. Program Coordinator: \_\_\_\_\_ Approve Appeal \_\_\_\_\_ Deny Appeal \_\_\_\_\_  
Rationale: \_\_\_\_\_  
Signature: \_\_\_\_\_
2. Department Head: \_\_\_\_\_ Approve Appeal \_\_\_\_\_ Deny Appeal \_\_\_\_\_  
Rationale: \_\_\_\_\_  
Signature: \_\_\_\_\_
3. Dean: \_\_\_\_\_ Approve Appeal \_\_\_\_\_ Deny Appeal \_\_\_\_\_  
Rationale: \_\_\_\_\_  
Signature: \_\_\_\_\_

The Graduate School will only hear appeals when the Program Coordinator, Department and College is in conflict or has otherwise been unable to reach a satisfactory resolution.

Upon receipt of a written appeal, the Associate Provost of Graduate Studies & Research will first determine if the appeal is appropriate for the Graduate School to hear. If the appeal is appropriate for the Graduate School to hear, the Associate Provost may choose to discuss the appeal with the parties involved in an attempt to reach a satisfactory resolution, or the Associate Provost may refer the appeal to the Graduate Appeals Committee to hear the appeal. The Committee hearing the appeal will consist of three members - two members from outside the College involved in the appeal.

Supporting documentation can be included with this appeal and may be sought should the Associate Provost seek a recommendation by the Graduate Appeals Committee .

Upon completion of the hearing, the Graduate Appeals Committee will submit its recommendation in writing to the Associate Provost within one week after the hearing. The Associate Provost will make a decision on the appeal and notify all parties of the disposition of the appeal within one week. If no satisfactory resolution of the appeal has been reached at this point, the student has the right to appeal to the Provost & Vice President of Academic Affairs. Such an appeal must be provided in letter form to the Office of the Provost & Vice President for Academic Affairs no later than thirty (30) calendar days after the student has received the decision of the Associate Provost.

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DATE RECEIVED BY THE GRADUATE SCHOOL \_\_\_\_\_

DATE REVIEWED BY THE GRADUATE DEAN \_\_\_\_\_

Submit to Graduate Appeals Committee?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, Committee Members:

Chair - Name/Department \_\_\_\_\_

Name/Department \_\_\_\_\_

Name/Department \_\_\_\_\_

HEARING DATE: \_\_\_\_\_ DECISION DATE: \_\_\_\_\_

STUDENT NOTIFIED: \_\_\_\_\_ Method: \_\_\_\_\_

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SIGNATURE OF ASSOCIATE PROVOST:

DATE: