

Graduate School
Graduate Student Appeal
College Committee Recommendation form

University of
LOUISIANA
Monroe

Student Name: _____

CWID: _____

Student e-mail address _____

Correspondence will be sent to this address

Degree and Major: _____

Reason for Student's Appeal:

Committee Recommendation

Approve

Deny

Comments regarding the College Committee's decision:

Print name: College Committee Chair

Signature

Date

*Please forward **original, signed** form to the Graduate School **one week** prior to the Graduate Council meeting. The meeting schedule is posted on the Graduate School website.*