

Hearing Appeal Request

REQUEST FOR APPEAL

To be submitted to the Dean, School of Social Work

Date of Request: _____ Date Received: _____ Date of Final Notification: _____

Name of Appealing Person: _____ SSN: _____

Mailing Address: _____

Telephone: _____ E-mail address _____

Status: MSW _____ DSW _____ Full Time _____ Part Time _____

Nature of Grievance: Grade _____ Other (specify) _____

Academic Advisor: _____ Respondent: _____

Name of Hearing Board Chair: _____ Date of Hearing: _____

Date of Previous Hearing: _____

Reasons for this Appeal (*Please explain (1) the basis of your Appeal, and provide any documents to support your appeal. You may use additional space on the back page of this form; 2. Suggested remedies:*)

Your Signature: _____ Date: _____

Office Use Only:

Date Received _____ Date of Hearing _____ Date Final Notification Sent _____