



**North Carolina Central University
School of Graduate Studies
Dismissal Appeal Form**

Procedures for Filing an Appeal:

A student may elect to appeal the dismissal decision by submitting a written petition to the Dean of their School or College within seven (7) work days of receiving *formal notice of dismissal* from the University. A student’s appeal must include the following:

- A completed appeals form;
- A clear and concise petition personally typed and developed by the student to delineate the appeal and the extenuating circumstances that will justify the request;
- An official/authentic/formal document providing proof of the extenuating circumstance(s) which the student contends caused his/her inability to maintain the required GPA or to maintain a record of academic success with no more than one grade of “F.”

Definition of Extenuating Circumstances

An “extenuating circumstance” is defined by the University as a situation which is beyond the student’s control and which could not have been prevented by the student. Such circumstances include, but are not limited to, the following:

- A car accident which causes serious injury to the student resulting in hospitalization and/or creating health challenges which prohibit the student from being able to meet academic requirements;
- A serious, life-threatening, or life-altering illness to the student or an immediate family member for whom the student must assume legal responsibility due to the condition;
- An official documentable military deployment;
- A natural disaster which negatively impacts the student’s well-being due to total destruction of home or other essential familial provisions.

- A letter of support from the student’s department chair;
- A letter of support from the student’s program coordinator or graduate program director.

Student Information:

Full Legal Name: _____
Last
First
Middle

Student ID#: _____ Major: _____

Email Address: _____ Telephone#: _____

Mailing Address: _____
Street/P.O. Box
City
State
Zip Code

Student Signature: _____ Date: _____

College/School Dean Recommendation:

Approve Deny _____ Date: _____
Signature: Dean of College/ School

Graduate Council Student Affairs Committee Recommendation (Attach Written Explanation):

Approve Deny _____ Date: _____
Signature: Chair, Graduate Council Student Affairs Committee

Final Decision:

Approve Deny _____ Date: _____
Signature: Dean, School of Graduate Studies

Office Use Only:

Signature: Dean, School of Graduate Studies
Date: _____

Signature: University Registrar
Date: _____