

INDIANA UNIVERSITY SOUTHEAST

REASONABLE ACADEMIC PROGRESS DENIAL/APPEAL FORM

Return the completed form and attachments to:

OSFA
Indiana University Southeast
4201 Grant Line Road
New Albany, IN 47150
Fax (812) 941-2546

NAME _____ SS# _____

If you wish to appeal your status, you need to submit the following documentation. After your appeal has been reviewed, you will be notified in writing of the decision to approve or deny your request.

1. **A letter from you**
 - a) explaining why you feel an exception to the policy should be made.
 - b) Giving a complete explanation of your circumstances for each semester of poor performance.
 - c) Outlining why you expect to do better in the future.
2. **Attach other appropriate documentation that can help substantiate the reason(s) stated in your letter of appeal.** For example, documentation could include letters from physicians, counselors, your advisor, or another individual who is knowledgeable about your situation.
3. **If you changed or are changing majors**, discuss when you changed majors and how many credits did or will not transfer to your new program. **YOUR ADVISOR SHOULD ATTACH** a letter verifying this information.
4. **Complete the following chart listing the courses you plan to enroll in for the next semester.**

COURSE NAME	COURSE NUMBER	NUMBER OF CREDITS	ARE YOU REPEATING THIS COURSE

Expected Graduation Date _____

NAME OF ACADEMIC ADVISOR _____

Student Signature _____

Date _____