

No No

Signature: \_All.

**Graduate Student Information** 

Last Name: Baumgarten First Name: Allen

Street Address: 21078 Brookshire Terr City: Boca Raton

Yes, specify type of appeal:

Banner ID #: APA - 00679509 Telephone #: 954 - 643 - 9052

## College of Graduate Studies

State: *FL* Zip: 33433

Date: 8/22 /18

## **GRADUATE ACADEMIC APPEALS FORM**

**Instructions:** Complete the required fields below. **Include a detailed document stating the reason(s) for your appeal, along with any supporting documentation, and attach it to this form.** Be specific and complete. This appeal form must be received no later than 14 days before the beginning of the intended semester of return. If received after the 14<sup>th</sup> day, consideration will be granted for the following semester.

APSU e-mail address or alternate email address: Allenbaumgarten Chot mail. com	
<b>IMPORTANT NOTE:</b> The student's appeal will be presented to the academic department for a recommendation of the request. The supporting documentation will then be presented to the Graduate Academic Appeals committee for the final decision. The student will be notified of appeal decision via email.	
Academic Status	
Program:	Concentration (if applicable):
PSM (Prof Science Master's)	Predictive Analytics Semester you desire to enroll:
Effective term of suspension:	Semester you desire to enroll:
Summer 18	Fall 18
Reason for appeal:  Readmission following Suspension  Time Extension for Completing Degree Req  Other (provide explanation):	Experienced very difficult uirements family circumstances during the Spring 2018
Have you appealed prior to this request?	

Please submit entire form and requested documentation to:

The College of Graduate Studies, c/o Graduate Academic Appeals Committee P.O. Box 4458, Clarksville, TN 37044

Fax to (931)221-7641 or Email to gradstudies@apsu.edu