

UNDERGRADUATE ACADEMIC DISQUALIFICATION APPEAL

Complete and submit this appeal to your College Academic Advising Office no later than the deadline stated in your academic disqualification notice.

Name: _____ PID: _____

Email: _____ Phone: _____

Address: _____

Current Major: _____ Proposed Major: _____

Proposed Quarter of Return: _____ Expected Graduation Date: _____

*You **must complete sections 1 and 2** of this form to be considered for an appeal.*

SECTION 1: ACADEMIC PLAN

Provide your academic plan for the next three terms starting with the current term (include Summer Session if applicable). Make sure you have met all prerequisites for any courses in this plan.

Term:	Term:	Term:

SECTION 2: APPEAL/DOCUMENTATION

An appeal must be based on explicit and appropriately documented evidence that identifies serious and unanticipated extenuating circumstances that will no longer impact your academic performance. Such circumstances might include hospitalization, severe illness, emergency surgery, a serious accident, or incarceration. Please note that university employees are responsible for reporting any allegations of discrimination, sexual harassment, or sexual violence to the Office for the Prevention of Harassment and Discrimination.

Your appeal must be typed (double spaced) and no more than one page; be sure to include your name and PID. Submit this form, your appeal, and appropriate documentation to your College Academic Advising Office by the deadline listed in your disqualification notice. The College's final decision will be sent to you through the Virtual Advising Center (<http://vac.ucsd.edu>).

Signature: _____ Date: _____

SECTION 3: COLLEGE DECISION

<input type="checkbox"/> Appeal Approved <input type="checkbox"/> Appeal Denied
Quarter of Return:
Comments:
Signature/Date: