

UTC Exceptional Appeal Form

Deadline:

To be considered for an exception to the admission requirements, all documents must be received in the Admissions Office by: **June 15 for fall semester** **November 15 for spring semester** **March 15 for summer semester**

Section A: Demographic Information

Name _____

UTCID _____ Intended Major: _____

For which term do you wish to be admitted? Fall _____ Spring _____ Summer _____

Do you plan to be enrolled full-time or part-time? _____

If admitted, do you plan to have a job: and if so, how many hours per week will your job require? _____

Section B: Admission Questionnaire**

Please answer the following questions on a separate sheet of paper. Your answers should be typed & double spaced.

1. Recent research has shown that students who connect with their institution through organizations and/or with faculty/staff are more likely to persist and graduate. Please discuss the importance of a college degree to you, your plan to achieve academic success, and how you will connect with UTC.
2. What do you perceive as your greatest high school challenge?
3. What else would you like for the committee to consider when making their decision?

***Any information disclosed about child abuse or sexual assault/interpersonal violence may be subject to mandatory reporting requirements, which means that confidentiality cannot be guaranteed. To speak confidentially to a campus advocate prior to completing this form, please contact Survivor Advocacy Services by calling UTC PD at (423) 425-4357 and asking for the advocate on-call; this service is available 24 hours a day, 7 days a week. For more information about campus resources and reporting obligations, please visit: <http://www.utc.edu/sexual-misconduct/>.*

SECTION C: Resume of Activities

Please include an outline in chronological order of school activities, clubs, organizations, employment, community and church involvement.

Section D: Signature

By signing below, I attest that all requested documents (Sections A, B, & C) have been completed and are ready for review.

Signature: _____ Date: _____

Please return completed forms to the following address:

UTC Admissions Office/ Dept. 5105, 615 McCallie Avenue, Chattanooga, TN 37403

For Admission Office Use:	ACT Test date	E	M	R	SC	Composite
High School GPA:						
SAT composite:						
ACT superscore:						

