**Department of Public Health Graduate Appeal Form**

Step 2

Instructions: Please read The University of Tennessee Graduate Council Appeal Procedure (<http://gradschool.utk.edu/documents/2016/02/student-appeals-procedures.pdf>, effective Fall 2009) regarding graduate student rights, responsibilities and right of appeal, before completing this form. Be sure to file the appeal within 30 days after the initial academic decision on student has been issued. If the action being appealed occurred within your graduate program, you must complete the informal or formal appeal process at program level through DrPH committee before requesting department head consideration.

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*To be completed by student with an appeal.*

Name of student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The decision being appealed was rendered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The date you received the decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The names of the individuals whose actions you are appealing:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a short description of the decision you are appealing under the Graduate Appeal Procedure:

Please state the grounds upon which the appeal is based.

Please provide the outcome of step one of the appeals process (meeting with faculty involved and academic advisor) and the persons involved in this decision.

Please state the relief you are requesting:

Please submit any additional background information that will be beneficial in resolving your appeal

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To be completed by the chair of the appeals process.*

What was the decision about the appeal?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appeal was reviewed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Graduate Program level appeal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date that appeal decision shared with student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_