

Southeastern Oklahoma State University
APPLICATION FOR GRADUATE LEVEL APPEAL

Instructions: Complete the student information section of this form. Write a letter addressed to the Graduate Council stating your appeal, what you are seeking to change, your justification for the change, and the grade you expect or desire (if applicable). Attach the letter to this form along with an **unofficial copy of your transcript**, and mail or return to the **Office for Academic Affairs, SOSU, 1405 North 4th, PMB 4137, Durant, OK 74701-0609**. In addition to supplying the above information, you may appeal before the Graduate Council to personally state your case. You will be notified by letter when a meeting has been scheduled.

STUDENT NAME: _____

STUDENT ID: _____

ADDRESS: _____ **TELEPHONE:** _____

EMAIL ADDRESS: _____

ADVISOR: _____

SEMESTER LAST ENROLLED AT SOSU: _____

TYPE OF APPEAL: (Check One)

_____ Request for Immediate Reinstatement to SOSU

_____ Request for Admission to a Master's Degree Program at Southeastern

_____ Request for Acceptance of Graduate Credit(s) earned prior to admission to a Master's Degree

(Letters of support from student's Graduate Advisor and Department Chair should accompany an appeal for this request.)

_____ Other: *Specify:* _____

Student's Signature

Date

COMMITTEE USE ONLY:

Reinstatement: _____ **Approved** _____ **Not Approved**

Admission to Master's Degree: _____ **Approved** _____ **Not Approved**

Other: _____ **Approved** _____ **Not Approved**

Comments: _____

Administrative Liaison

Date