Academic Appeal Form

KETTERING COLLEGE®

Date _____

KC ID # _____

Name (please print)_____

Address _____

City _____State _____ ZIP _____

Contact number_____ Signature _____

TERM ☐ Fall ☐ Winter ☐ Summer Year _____

PROGRAM OF STUDY (check appropriate program of study):

☐ Arts & Sciences not yet admitted to a major   ☐ Admitted to major
☐ Conditionally admitted to BS in Health Sciences (indicate major)

MAJOR:

Associate of Science
☐ Radiologic technology
☐ Nuclear medicine
☐ Respiratory care

Certificate only
☐ CT: computed tomography
☐ MRI: magnetic resonance imaging
☐ VIT: vascular interventional technology
☐ CIT: cardiovascular interventional technology

Bachelor of Science
☐ Human biology
☐ Diagnostic medical sonography

BS in Nursing
☐ Pre-licensure
☐ Completion

Bachelor of Science in Health Sciences completion degree (BSHS) (indicate emphasis)
☐ Advanced imaging
☐ Education
☐ Management
☐ Medical sonography
☐ Respiratory care

Prerequisites for master's:
☐ Physician assistant
☐ Master of Physician Assistant Studies
☐ Occupational Therapy Doctorate (OTD) program

APPEAL TYPE: ☐ Academic ☐ Financial

Reason for appeal:

PROGRAM CHAIR: Petition will not be processed without the program chair's signature.

Comments:

Signature _____ Date _____

OFFICE USE ONLY:

Check one: **Comments:**

☐ Undergraduate appeal
☐ Graduate appeal
Decision:

☐ Approved
☐ Denied
☐ More information needed
☐ Notification to student sent

Date _____   _____   _____
                                  Committee chair's signature   Date