

# Academic Appeal Form



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
- Conditionally admitted to BS in Health Sciences (indicate major)
- Admitted to major

**MAJOR:**

**Associate of Science**

- Radiologic technology
- Nuclear medicine

**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
- Respiratory care

**BS in Nursing**

- Pre-licensure
- Completion

**Bachelor of Science in Health Sciences**

- Health Care Management
- Health Care Management, Pre-occupational therapy track
- 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. Program Chair will submit, directly to committee, a response.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY:**

**Check one:**

- Undergraduate appeal
- Graduate appeal

**Decision:**

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

Date \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
Committee chair's signature

\_\_\_\_\_  
Date