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 ◯ Admitted to major
 ◯ Conditionally admitted to BS in Health Sciences (indicate 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 ________________________________