

Appeal of Required to Withdraw for Academic Reasons (RWAR) and/or Satisfactory Academic Progress (SAP): Graduate School

Section 1: Student Information	
Name Last name, First name, Middle name	MUID
Last rame, i list rame, wiede frame	
Email	@ marquette.edu
Degree Program	Phone
Section 2: Intent to Appeal (the term for which you received the Aca	idemic Censure notification)
Check one:	
I wish to appeal my RWAR/SAP decision from Fall	Spring Summer Year
	DO NOT SUBSIDING FRENOTOS OF THE FORM.
	Year
Graduate School has the final decision in all RWAR and/or SAP appeals.	after my academic dismissal (RWAR), if applicable, and/or of my financial aid eligibility (SAP). I understand the I also understand and agree that I am bound by the credit/GPA conditions applied to me in the Academic Places; or, I will again be academically dismissed (RWAR) and/or made ineligible for financial aid (SAP).
Student's Signature:	Date:
Section 3: Type your answers to the following questions in a sep (label your answers to correspond with the questions, i.e. a., b., c., d.)	arate document and submit it with this form
	cademically successful unique to the term indicated above (be specific). Extenuating circumstances include, erpersonal problems, death of a relative, etc. Provide documentation that may support your answer.
b. Explain what has changed that will allow you to be academically success	ssful. Provide any documentation you have to support your explanation.
c. Detail an achievable academic plan specifying the courses and credits of cumulative GPA of at least 3.0 and a completion rate of at least 75% of the acade/e.1to metricugtntatadood dD-uhuPsouat any ubject the /ifurtor to good	
	ou have proposed. Be specific and detail the resources you will seek, use or commit for each strategy. Your ing tutoring, changing work commitments, seeking assistance with personal commitments, seeking counseling yide any documentation that supports the description of these strategies.



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Section 4: DGS Recommendation		
DGS (check the same category below as indicated by the student in Section 2): I have advised and discussed this appeal with this student, and:		
Support reinstatement of the student for: RWAR/SAP SAP (only)		
Do not support reinstatement of the student for: RWAR/SAP SAP (only)		
Signature of DGS: Date:		-
Section 5: Graduate School Dean/Designee Signature (check the same category below as indicated by the student in Section 2):		
Based on the evaluation of the above appeal and its component parts, I:		
Recommend reinstatement for: RWAR/SAP SAP (only)		
Do not recommend reinstatement for: RWAR/SAP SAP (only)		
Name and title of Graduate School Dean/Designee (print):		
Signature of Graduate School Dean/Designee:	Date:	