LYCOMING COLLEGE

ACADEMIC STANDARDS COMMITTEE APPEAL

Full Name: _____ **Student ID:** _____ **Date:**_____ **Anticipated Graduation Date:** _____

☐ I wish to substitute _____ in place of _____ in _____.
(Course) (Requirement) (Major/Minor)

☐ I wish to request a late add of _____in_____.
(Course) (Term)

☐ I wish to waive _____ for the senior residency requirement.
(Course)

☐ I wish to request a late drop of_____in _____.
(Course) (Term)

☐ I wish to request a late medical withdrawal from _____.
(Term)

☐ I wish to request a late withdrawal from_____in _____.
(Course) (Term)

☐ I wish to request late-approval for off-campus course(s) _____ taken at _____ in _____.
(Course) (Name of Institution) (Term)

☐ OTHER: I wish to request _____.

Student: Provide a detailed justification for your appeal which includes all relevant information needed to assist the Committee in making an informed decision.

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ACADEMIC STANDARDS COMMITTEE APPEAL

Faculty: Provide your name, explanation for whether you support this appeal, and any relevant details to assist the committee in making an informed decision.

☐ Advisor ☐ Dept Chair ☐ Other: _____

_____ _____ _____

Name ***Signature*** ***Date***

☐ Advisor ☐ Dept Chair ☐ Other: _____

_____ _____ _____

Name ***Signature*** ***Date***

☐ Advisor ☐ Dept Chair ☐ Other: _____

_____ _____ _____

Name ***Signature*** ***Date***

☐ Advisor ☐ Dept Chair ☐ Other: _____

_____ _____ _____

Name ***Signature*** ***Date***

updated 9/3/26