

LYCOMING COLLEGE

APPEAL TO THE COMMITTEE ON ACADEMIC STANDARDS

For alterations to and substitutions of any academic requirements and/or policies listed in the College Catalog.

Type or **print** legibly in ink and return completed form to the Office of the Registrar

| | |
|--------------------|--------------------------------|
| Full Name: | Student ID number: |
| Cell Phone: | Date: |
| E-Mail: | Anticipated Graduation: |
| Campus Box: | Major(s): |

STATE IN 1 OR 2 SENTENCES EXACTLY WHAT YOU ARE REQUESTING such as a course substitution, late add, or late withdrawal. You must include the correct course name(s), number(s), and the semester involved.

BE SPECIFIC ex: I want to substitute course ABC-123 for course DEF-456 within my major (minor) etc.

**For course substitutions, please attach a copy of your program eval,
writing in exactly what course you want and where.**

COURSE SUBSTITUTION:
I wish to TAKE _____ instead of _____ in my major/minor of _____.
(Circle One) (Major/Minor)

I wish to WAIVE the _____ requirement for my _____.
(Senior Residency/Distribution/Major/Minor)

I wish to request:

| | |
|--|---|
| <input type="checkbox"/> A late withdrawal. | <input type="checkbox"/> A late drop. |
| <input type="checkbox"/> A medical withdrawal. | <input type="checkbox"/> Late approval of off campus courses. |
| <input type="checkbox"/> A late add. | <input type="checkbox"/> other. _____ |

PROVIDE A DETAILED JUSTIFICATION FOR YOUR APPEAL which includes all relevant information needed to assist the Committee in making an informed decision. You must use clear, coherent structure as well as correct grammar and spelling. Additional space is available on the back of the form.

| | |
|---------------------------|--------------|
| Student Signature: | Date: |
|---------------------------|--------------|

| | |
|--|-------------------|
| Required Signatures and Comments: | Check One: |
|--|-------------------|

| | | | |
|--------------------------------|--------|--------------|-----------|
| Advisor (Please Print): | | | |
| Advisor Signature: | Concur | Don't Concur | Undecided |

| | | | |
|---|--------|--------------|-----------|
| Department Chair (Please Print): | | | |
| Department Chair Signature: | Concur | Don't Concur | Undecided |

| | | | |
|--|--------|--------------|-----------|
| Course Instructor (Please Print): | | | |
| Course Instructor Signature: | Concur | Don't Concur | Undecided |

| | | | |
|---|--------|--------------|-----------|
| Instructor of Course Being Substituted (Please Print): | | | |
| Instructor of Course Being Substituted Signature: | Concur | Don't Concur | Undecided |

PLEASE support your circled decision. Additional Space is available on the back of the form.

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PROVIDE A DETAILED JUSTIFICATION FOR YOUR APPEAL – continued from front:

PLEASE support your circled decision – continued from front: