

**MILLERSVILLE UNIVERSITY
GRADUATE FACULTY-COORDINATOR APPEAL FEEDBACK FORM**

Please type or print legibly

Student Name: _____

Student ID: _____

Program: _____

Advisor: _____

The above student has submitted an appeal of his/her academic dismissal due to extenuating circumstances. The Graduate Academic Appeals committee requests your recommendation and/or feedback on this case.

Please complete this form and submit any supporting documents to the College of Graduate and Professional Studies no later than _____.

_____ I do not wish to provide any comment or recommendation regarding this appeal.

_____ I support this student's appeal and recommend the committee reinstate the student.
(Please attach comments/documentation)

_____ I do **not** support this student's appeal and recommend the committee uphold the dismissal.
(Please attach comments/documentation) I recommended this student be permitted to reapply to the program in _____.

If you so choose, please provide comments on the back of this form. If additional space is required, feel free to attach additional pages or provide additional documentation.

This form and all documentation submitted will be held in the student's academic file.

Signature _____

Date _____