

**WESLEYAN UNIVERSITY**  
**Office of Graduate Student Services**  
**Appeal to Graduate Academic Regulation**

Date Submitted \_\_\_\_\_ Student Name \_\_\_\_\_

Department \_\_\_\_\_ Degree Program \_\_\_\_\_

What regulation are you appealing? \_\_\_\_\_

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**Student Statement**

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**Faculty Advisor Statement**

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Student Signature \_\_\_\_\_

Faculty Advisor Signature \_\_\_\_\_

Department Chair Signature \_\_\_\_\_

Return this form when it is **completed and signed** to the Office of Graduate Student Services, Exley Science Center # 128-132 or email it to [graduateoffice@wesleyan.edu](mailto:graduateoffice@wesleyan.edu).