

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

Date Submitted _____ Student Name _____

Department _____ Degree Program _____

What regulation are you appealing? _____

Student Statement (Required) – Provide an explanation of the reasons for this appeal and pertinent information to support its approval.

Faculty Advisor Statement (Required) – Provide an explanation of your support for this appeal.

Student Signature _____

Faculty Advisor Signature _____

Department Chair Signature _____

Return the **completed and signed** form to the Office of Graduate Student Services, Exley Science Center # 128-132 or email a scanned copy of the completed and signed form to graduateoffice@wesleyan.edu.