

Appeals Information

Attention UAB Employees:

If you are on the UAB payroll and are granted an appeal to register for classes past the deadline, the appealed hours will not be included in the Student FICA Exemption test. Appeals granted to students to register after the stated deadline only permit registration.

APPEALS MUST BE SUBMITTED WITH ALL NECESSARY DOCUMENTATION. APPEALS WHICH COME TO THE GRADUATE SCHOOL WITHOUT DOCUMENTATION WILL BE DENIED.

DOCUMENTATION

1. Medical: A letter from hospital or doctor on letterhead explaining that you cannot attend classes because of illness or surgery
2. Job Related: A letter from your employer on letterhead stating that you have to miss classes and the reason for missing them (i.e., job transfer)
3. Military: A copy of your orders requiring you to miss classes because of military service
4. UAB Advisor or Instructor Problem: A letter on UAB letterhead stating what the problem is, what needs to be done to correct the problem, and that it was caused by UAB error.

***No appeal will be considered with the following reason:
NO ONE TOLD ME***

Deadlines for registration, add/drop, and late registration are listed in the UAB Class Schedule and various places on the UAB student website.

Request for Academic Appeal—Graduate Students

Date Submitted _____ Term/Year Involved _____ SSN _____

Name of Student _____ Graduate Program _____

Address _____ City _____ State _____ ZIP _____

Daytime Phone _____ Official UAB Email _____

If you are receiving financial aid and you are requesting administrative withdrawal, a signature for Financial Aid is required for you to submit an appeal.

Financial Aid Approval _____ **Date** _____

If you are on an assistantship or fellowship, the signature of your graduate program director is required for you to submit an appeal.

Graduate Program Director Approval _____ **Date** _____

Exception to Policy for:

Registration/Add course(s) Deadline to Drop Withdrawal Payment Deadline

Other, please explain _____

Reason for Appeal:

Emergency Circumstances Administrative Error Medical Employment

Other, please explain _____

Please describe your circumstances, what action you are requesting, and provide relevant information. It is the student's responsibility to provide adequate documentation to justify any exception being made. Attach additional sheets if necessary.

Your Signature

Date

Return to: Director, Graduate School Operations, 1400 University Blvd Suite 511 Hill University Center

OR

**Mail to: Graduate School
HUC 511**

1530 3RD AVE S

BIRMINGHAM, AL 35294-1150

Fax: (205) 934-8413 — Phone: (205) 934-8227