

Graduate Student Appeals Information

To successfully submit a Graduate School Academic Appeal, the reason for the appeal must fall into one of the categories listed in the table below. Additionally, the following documents must be submitted:

1. *Request for Academic Appeal for Graduate Students* form (page 2)
2. Completed add/drop form with appropriate signatures (page 3)
3. Required documentation as outlined in the table below

Type of Appeal	Documentation Required
Medical	A letter from a hospital or doctor on letterhead explaining that you cannot attend classes due to illness, surgery, or a documented medical condition.
Employment Related	A letter from your employer on letterhead stating that you have to miss classes and the reason for missing them (e.g., job transfer)
Military	A copy of your orders requiring you to miss classes because of military service
UAB Administration, Advisor, or Instructor Issue	A letter on UAB letterhead explaining the nature of the problem and suggested resolution. Signatures from the responsible party are required.

Once your academic appeal packet is complete, please send it to the Graduate School via:

Mailing Address

511 Hill University Center
1530 3rd Avenue South
Birmingham, AL 35294-1150

Fax

205-934-8413
Attn: J. Bryant

Physical Address

511 Hill University Center
1400 University Blvd
Birmingham, AL 35294

- ❖ Failure to meet UAB registration deadlines is typically not a valid reason for submitting an academic appeal.
- ❖ Academic appeals will not be reviewed without all three (3) required documents.
- ❖ Academic appeals are reviewed in the order in which they are received. Please allow 2-3 weeks for processing.

For UAB Employees Only

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 posted deadline only permit registration.

If you have any questions regarding the Academic Appeal process, please contact the Graduate School at jbryant@uab.edu.

Request for Academic Appeal—Graduate Students

Date Submitted _____ Term/Year Involved _____ Banner ID/Blazer ID _____

Name of Student _____ Graduate Program _____

Address _____ City _____ State _____ ZIP _____

Daytime Phone _____ Email Address _____

If you are receiving financial aid and you are requesting administrative withdrawal, a signature from 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 — Email: jbryant@uab.edu**

Non-Degree Graduate Student
 Regular Graduate Student
 MAJOR _____
 Fall Spring Summer May
 Summer 12-Week Summer 9-Week
 Summer A Summer B
 School Year 20 _____

UNIVERSITY OF ALABAMA AT BIRMINGHAM
ADD/DROP FORM
GRADUATE STUDENTS ONLY

NOTE: EVERY ITEM ON THIS FORM MUST BE COMPLETED FOR A PROPOSED DROP OR ADD TO BE CONSIDERED.

Total Hours Before Change
 Total Hours After Change*

Press With Ball Point Pen. **PRESS HARD.**
 1. Student I.D. Number
 2. Name (last, first, middle)

*Graduate School Director/Dean's signature is required if total hours after change exceed 15 hours.

Call No.	Dept.	Course No.	Sec. No.	Course Title	Sem. Hrs. Credit	Call No.	Dept.	Course No.	Sec. No.	Course Title	Sem. Hrs. Credit
A						D					
D				ADD		R					
D						O				DROP	
A						D					
D				ADD		R					
D						O				DROP	

3. Student must provide in the space below a sound reason for requesting this change:

Student Signature _____ Date _____

4. Advisor and/or instructor should provide rationale for the above change

Program Director's Signature _____ Date _____ Advisor's Signature _____ Date _____

Have you previously made a change in course of study this quarter? Yes No

Approved: _____ Date: _____

Graduate School Director / Graduate Dean