The University Registration Appeals Committee is the final arbiter in the process of requesting an exception to a registration policy. **The Registration Appeals Committee reviews each appeal one time. A re-appeal for the same request will not be accepted.** It is imperative that you submit sufficient documentation with your appeal to support your case and to support what prevented you from adhering to the published deadlines to add/drop and withdraw.

**The Appeal Process:**

- Complete the University Registration Appeal Form on the back of this cover sheet. Submit a typed, well-written letter of request (**limited to one typed page**) with adequate justification and complete documentation to the Student Business Center located on the 2nd floor of the University Center. Appeals must be written and submitted by the student. Appeals submitted by others (family members, faculty, etc.) cannot be accepted.
- The Registration Appeals Committee meets every Wednesday throughout the year, with a few exceptions. **All materials must be received by the end of the business day on Monday** to be considered at the Wednesday meeting. Be sure that you have collected all required forms and signatures.
- You will receive a written response to your appeal, usually within 3 business days after the decision, so be sure to provide a complete email address and/or mailing address to receive the notification. You may also call 740-351-4REG, option 4, after 3:00 p.m. on Wednesday to see if a decision has been made on your appeal.

**Documentation may include, but is not limited to:**

- Medical appointment history (include dates)
- Obituary, funeral or memorial service program
- Military orders
- Letter(s) of support from faculty, advisor, physician, employer (on letterhead with their signature)
- Any other documentation that would support your appeal

**Appropriate Appeals for the Registration/Tuition Appeals Committee:**

- Registration policies and procedures
- Deadline dates such as those for refunds or adding/dropping/withdrawing from classes

**What is NOT Appropriate for Appeal to the Registration/Tuition Appeals Committee:**

- Academic grievances concerning the grade itself
- Issues related to Financial Aid and Standards of Progress
- Requesting removal of WDs from your record, unless you can document that the WDs resulted from University error.
- Simple failure to attend classes or misunderstanding of written policies and procedures generally is NOT grounds for a successful appeal.

**Please Note:**

- All information relevant to your appeal must be submitted together as a single package.
- Student letters should be typed and edited for spelling and grammar to assure full consideration.
Registration/Tuition Appeal Form

Name: ___________________________________________ Student ID#: ____________________

First Middle Last

Address: ________________________________________________________________________________

City __________________ State _______ Zip _______

Daytime Phone: ___________________________ E-mail Address: ________________________________

Please mark the category of your appeal with an X:

☐ Late registration - have no current courses in semester Attach Late Add Course Form(s) with appropriate signature(s).

☐ Adding a course - have existing courses in semester Attach Late Add Course Form(s) with appropriate signature(s).

☐ Dropping a course Be aware that this could impact your Financial Aid and create a balance on your account.

☐ Complete withdrawal from all courses Be aware that this could impact your Financial Aid and create a balance on your account.

☐ Removal of WDs for Financial Aid purposes

☐ Other (please explain) __________________________________________________________________

STOP! Committee will not hear appeal.

1. Semester: ________________ Year: __________

(Summer/Fall/Spring)

2. Course(s)/Section(s): __________________________

(i.e. ENGL 1101-01)

3. Attach your written request with justification and documentation to this cover sheet. Check each of the following documents that are included with your appeal:

☐ Student Letter explaining desired outcome (required)

☐ Documentation of circumstance (required) – check all that apply

☐ Medical Records/Report (must include specific treatment dates)

☐ Police Records (must include date of incident)

☐ Military Orders (including date of deployment)

☐ Obituary or Funeral Program

☐ Support Letter(s)

☐ Signed Add/Drop/Withdrawal form, if relevant

☐ Other (please explain) __________________________________________________________________

I have read the appeal information and procedures on Page 1.

☐ I have attached to this cover sheet my letter of explanation, limited to one typed page.

☐ I have included the required documentation.

I agree to abide by the decision of the Registration Appeals Committee.

Student Signature: ______________________________________ Date ___________________

Mail or deliver to: Student Business Center, Shawnee State University, 940 Second Street, Portsmouth, OH 45662

or FAX: (740) 351-3435

IMPORTANT: MAKE A COPY FOR YOUR RECORDS

Appeal Committee Use Only

☐ Approved ☐ Denied

Comments: