

Graduation Appeal



Submit this form if you are appealing a graduation denial.

Name: _____ Student/Star ID#: _____

Email: _____ Phone: _____

Program Major: _____ Award Level: AAS degree Diploma Certificate

Graduation semester (select one): Fall Spring Summer Year: _____

Reason for graduation denial (select one):

Less than 2.0 cumulative GPA

Technical credits expired

Other: _____

Provide the rationale for your appeal and attach supporting documentation:

Student Signature: _____ Date: _____

Submit completed form to aaffairs@anokatech.edu or Academic Affairs, Room 117.

College Use Only:

Faculty Recommendation: *Approved* *Not Approved*

Faculty Comments: _____

Faculty Signature: _____ Date: _____

Dean of Student Affairs Recommendation: *Approved* *Not Approved*

Dean Comments: _____

Dean Signature: _____ Date: _____

Records Office: Processed by: _____ Date: _____

Comments: _____

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