



## THE GRADUATE SCHOOL- VALDOSTA STATE UNIVERSITY DISMISSAL APPEAL FORM

### POLICY

Students have the right to appeal dismissal from their graduate program. The appeal must be submitted within **thirty calendar days** of the email notice to the student of the dismissal. The student should complete this form and provide it to their Graduate Program Coordinator to route through DocuSign for further review by their Department Head, the Dean or Associate Dean, and Graduate School, in this order.

Students who are dismissed from their program are not guaranteed to be reenrolled the semester after the dismissal should their appeal be successful. If the appeal is not successful, the student should consult the "Graduation & Retention" tab on the Graduate School Program's page to determine whether they may apply for readmission and if so, how many semesters the student would need to sit out before reapplying.

### APPEAL TIMELINE

The dismissal appeal process **must begin within 30 calendar days** after the student receives email notification of the dismissal. Once the student emails the dismissal appeal along with all required support documents to the Program Coordinator, the Program Coordinator, Department Head, and Dean or Associate Dean **each have 10 business days to review and provide a decision**. Any delays in the timeline should be communicated to all involved parties through VSU email.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

VSU E-mail Address: \_\_\_\_\_

STUDENT ID#: 870- \_\_\_\_\_ MAJOR: \_\_\_\_\_

ADVISOR: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

BRIEFLY EXPLAIN REASON FOR APPEAL (attach supporting documents): \_\_\_\_\_

**STUDENT: PLEASE FORWARD TO YOUR PROGRAM'S GRADUATE PROGRAM COORDINATOR.**

The Dismissal appeal must be reviewed and a decision made at each of the following levels:

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**Program Coordinator** – Date Received: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

Approve Appeal \_\_\_\_\_ Deny Appeal \_\_\_\_\_

Rationale (include any stipulations): \_\_\_\_\_

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Signature: \_\_\_\_\_

**Department Head** - Date Received: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

Approve Appeal \_\_\_\_\_ Deny Appeal \_\_\_\_\_

Rationale (include stipulations): \_\_\_\_\_

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Signature: \_\_\_\_\_

**Dean** - Date Received: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

Approve Appeal \_\_\_\_\_ Deny Appeal \_\_\_\_\_

Rationale (include any stipulations): \_\_\_\_\_

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Signature: \_\_\_\_\_

The Graduate School will only hear an appeal when the decision of the Program Coordinator, Department Head, and Dean are in conflict or has otherwise been unable to reach a satisfactory resolution.

Upon receipt of a written appeal, the Associate Provost of Graduate Studies & Research will first determine if the appeal is appropriate for the Graduate School to hear. If the appeal is appropriate for the Graduate School to hear, the Associate Provost may choose to discuss the appeal with the parties involved in an attempt to reach a satisfactory resolution, or the Associate Provost may refer the appeal to the Graduate Appeals Committee to hear the appeal. The Committee hearing the appeal will consist of three members - two members from outside the College involved in the appeal.

Supporting documentation can be included with this appeal and may be sought should the Associate Provost seek a recommendation by the Graduate Appeals Committee.

Upon completion of the hearing, the Graduate Appeals Committee will submit its recommendation in writing to the Associate Provost within one week after the hearing. The Associate Provost will make a decision on the appeal and notify all parties of the disposition of the appeal within one week. If no satisfactory resolution of the appeal has been reached at this point, the student has the right to appeal to the Provost & Vice President of Academic Affairs. Such an appeal must be provided in letter form to the Office of the Provost & Vice President for Academic Affairs no later than thirty (30) calendar days after the student has received the decision of the Associate Provost.

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DATE RECEIVED BY THE GRADUATE SCHOOL \_\_\_\_\_

DATE REVIEWED BY THE Associate Provost \_\_\_\_\_

Submit to Graduate Appeals Committee?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Committee Members:

Chair - Name/Department: \_\_\_\_\_

Name/Department: \_\_\_\_\_

Name/Department \_\_\_\_\_

Hearing Date: \_\_\_\_\_ Decision Date: \_\_\_\_\_

GRADUATE SCHOOL DECISION: \_\_\_\_\_

DATE STUDENT NOTIFIED: \_\_\_\_\_ METHOD: \_\_\_\_\_

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SIGNATURE OF ASSOCIATE PROVOST

DATE

Revised March 2024