Academic Appeal Form

KETTERING COLLEGE
OF MEDICAL ARTS
KETTERING HEALTH NETWORK™

Date _____

KCMA ID # _____

Name (please print) _____

Address _____

City _____ State _____ ZIP _____

Contact number _____ Signature _____

TERM ☐ Fall ☐ Winter ☐ Summer Year _____

PROGRAM OF STUDY (check appropriate program of study):

- ☐ Arts & Sciences (not yet admitted to program)
- ☐ Arts & Sciences (admitted to program)
- ☐ Associate of Science-Medical Sonography
- ☐ Associate of Science-Nursing
- ☐ Associate of Science-Radiologic Technology
- ☐ Associate of Science-Nuclear Medicine
- ☐ Associate of Science-Respiratory Care
- ☐ Certificate-MRI
- ☐ Certificate-CT
- ☐ BSHP-Health Care Professional Studies
- ☐ BSHP-Medical Sonography Completion
- ☐ BSHP-Radiology Completion
- ☐ BSHP-Respiratory Care Completion
- ☐ BS in Human Biology
- ☐ BSN
- ☐ Master's in Physician Assistant Studies

APPEAL TYPE: ☐ Academic ☐ Financial ☐ Dormitory

Appeal:

Reason for appeal:

Note: Please attach appropriate documentation. Be sure to outline the reasons for the appeal in a brief statement of 25 or fewer words. If needed, use the back of this form for any supporting documentation.

PROGRAM CHAIR: Petition will not be processed without the program chair's signature.

Comments:

Signature _____ Date _____

OFFICE USE ONLY:

Undergraduate appeal:

☐ Approved ☐ Denied ☐ More information needed

Comments:

_____
Committee chair's signature

Date _____

Graduate appeal:

☐ Approved ☐ Denied ☐ More information needed

Comments:

☐ Notification to student

Date _____