College of Health Sciences
Student Appeals Cover Sheet

This form must be properly completed and accompany a formal letter of appeal to the Chair of the Student Appeals Committee. Completion of this form will help to expedite the appeal process.

Student Name:______________________________________________________

Mailing Address:_____________________________________________________

Contact Number:______________________________________________________

Email Address:________________________________________________________

UM Student ID #:______________________________________________________

Date of Submission to the CHS Dean’s Office:________________________

I am appealing the ___________ Department’s decision to ______________________

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Submit this form and letter of appeal to:

CHS Dean’s Office
3180 William S. White Building