

# College of Health Sciences Student Appeals Cover Sheet

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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.

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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**