



General Circumstance
Appeal Application

Student Contact	Student Information		
	Name (Print) _____		855 - _____
			Student ID _____
	Email Address _____@student.wpunj.edu	Phone Number _____	

Summary	General Circumstance		
	1. Academic Term: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____		
	2. Date(s) of the circumstance: _____		
	3. Please provide a brief summary of the issue. Please provide description of the influence that the circumstance had on your ability to attend class and/or to perform class requirements: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		

Verification	Verification of Authenticity of the Information Provided		
	I acknowledge that only one appeal can be submitted. By my signature, I verify that the records are correct and carefully reviewed. I agree to release and attach <i>all</i> supporting documentation along with this form. <i>I understand that the Appeals Committee's decision is final and it is not subject to further administrative review.</i> All records I send will be kept in the student's confidential file.		
	Student Signature _____	Printed Student Name _____	Date _____

**If you are writing your appeal by hand, please write legibly.*