

Student Appeal Request Form

Print Name _____
Last First Middle

Date of Birth _____ Student ID Number: _____

Home Address _____
Number and Street City State Zip Code

Telephone Number _____ Cell Phone Number _____

Email _____

Appeal request for: Fall 20 _____ Spring 20 _____ Summer 20 _____

LMU campus last attended:

Blount Cedar Bluff Corbin Florida Harrogate Kingsport PRMC

Course to which appeal is requested: _____

Situation which you are requesting an appeal: *(Be specific regarding your request)*

Supporting evidence for the appeal: *(You may use back of request form if needed)*

Any additional comments: *(Limit to the space provided below)*

Student Signature _____ **Date** _____

Mail completed form to:

LMU Caylor School of Nursing 6965 Cumberland Gap Parkway Harrogate, Tennessee 37752

For Caylor School of Nursing use only:

Committee decision: _____

_____ Date: _____

Committee Member's Signature

Program Director's Signature

Date

Notification sent to student: _____