



**MURRAY STATE UNIVERSITY
REQUEST FOR ACADEMIC APPEAL HEARING**

NAME: _____ M# : _____

STATE YOUR APPEAL: _____

TERM AFFECTED: _____ LAST TERM ATTENDED: _____

(Term for which the student wishes to be reinstated)

EXTENUATING CIRCUMSTANCES INVOLVED - DOCUMENTATION MUST BE PROVIDED: (use additional paper if necessary)

YOUR PLANS FOR REMEDIATION IF YOUR APPEAL IS APPROVED:

SIGNATURE: _____ DATE: _____

ADDRESS: _____

PHONE: _____ Email Address: _____

Will you be present at the Hearing: _____

MAIL TO:

Registrar's Office
Murray State University
113 Sparks Hall
Murray, KY 42071-3312 USA
Fax: 270/809-3050

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

DATE RECEIVED: _____ TERM AFFECTED: _____

COMMITTEE DECISION: _____