Mercy College of Ohio
Application for Formal Academic Appeal
(or Notification of Intent to Appeal)

Date of Submission: _______________ Date Received: _______________

date stamp and initials of individual receiving

Semester and Year of Appeal: ___________________________________________

Student Information:
(it is vital that you provide accurate contact information, as this is where results of each step of the appeal process will be sent. If you cannot be contacted, you may miss important deadlines and information which could jeopardize the appeal process)

Name: _____________________________________________________________________

Degree Program: __________________________________________________________

Street Address: _____________________________________________________________________

City: ____________________________ State: __________ Zip: ______

Local Phone Number: _______________ Cell Phone Number: _______________

E-mail Address: ___________________________________________________________________

Type of Appeal: Check the box next to the appeal

☐ Course Grade ____________________________________________________________

☐ Clinical Evaluation _______________________________________________________

☐ Program Dismissal for Academic Reasons

☐ Dismissal from College for Academic Reasons

☐ Academic Integrity _________________________________________________________

☐ Other: Please Specify _____________________________________________________________________

I have read and understand the Student Academic Appeals Process of Mercy College of Ohio as stated in the college catalog and I acknowledge my intent to begin the formal Academic Appeal process.

_________________________________________ ____________________________
Student Signature Date

__________________________________________________________________________
Copies to: VPAA Program Associate Dean Program Chair Faculty Student