

**MILLERSVILLE UNIVERSITY
GRADUATE FACULTY-COORDINATOR APPEAL FEEDBACK FORM**

Please type or print legibly

Student Name: _____

Student ID: _____

Program: _____

Advisor: _____

The above student has submitted an appeal of his/her academic dismissal due to extenuating circumstances. The Graduate Academic Appeals committee requests your recommendation and/or feedback on this case.

Please complete this form and submit any supporting documents to the College of Graduate and Professional Studies no later than _____.

_____ I do not wish to provide any comment or recommendation regarding this appeal.

_____ I support this student's appeal and recommend the committee reinstate the student.
(Please attach comments/documentation)

_____ I do **not** support this student's appeal and recommend the committee uphold the dismissal.
(Please attach comments/documentation) I recommended this student be permitted to reapply to the program in _____.