

**MILLERSVILLE UNIVERSITY  
GRADUATE STUDENT ACADEMIC DISMISSAL APPEAL**

**LETTER OF APPEAL FORM**  
*(Please print clearly)*

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Program: \_\_\_\_\_ Advisor: \_\_\_\_\_

If you faced extenuating circumstances as detailed below that were beyond your control, you may appeal your academic dismissal. Careful documentation of the extenuating circumstances is required. The documents and information submitted with this appeal are held confidentially within Millersville University, however, the Graduate Academic Appeals Committee may share information as they see appropriate with other faculty and/or staff at the University in order to conduct a thorough review and make an informed decision regarding the appeal.

