



# LYCOMING COLLEGE

## ACADEMIC STANDARDS COMMITTEE APPEAL

Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Anticipated Graduation Date: \_\_\_\_\_

I wish to substitute \_\_\_\_\_ in place of \_\_\_\_\_ in \_\_\_\_\_.  
(Course) (Requirement) (Major/Minor)

I wish to request a late add of \_\_\_\_\_ in \_\_\_\_\_.  
(Course) (Term)

I wish to waive \_\_\_\_\_ for the senior residency requirement.  
(Credits)

I wish to request a latedrop of \_\_\_\_\_ in \_\_\_\_\_.  
(Course) (Term)

I wish to request a late medical withdrawal from \_\_\_\_\_.  
(Term)

I wish to request a late withdrawal from \_\_\_\_\_ in \_\_\_\_\_.  
(Course) (Term)

I wish to request late-approval for off-campus course(s) \_\_\_\_\_ taken at \_\_\_\_\_ in \_\_\_\_\_.  
(Course) (Name of Institution) (Term)

OTHER: I wish to request \_\_\_\_\_.

Please send completed appeals to [registrar@lycoming.edu](mailto:registrar@lycoming.edu). On the "CC" line, copy faculty from the appropriate departments so that they can share their support for this appeal and/or any feedback or additional details. Include some combination of the following:

- Your academic advisor(s)
- Department chair of the major/minor impacted by this appeal
- Department chair of substituted course



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**Student:** Provide a detailed justification for your appeal which includes all relevant information needed to assist the Committee in making an informed decision.

**Advisor/Chair/Instructor:** Provide support for your decision.