



Undergraduate Funding Limit/3-Peat Appeal Form

Name _____ Date _____

UIN _____ Email _____

Phone _____ Catalog Year _____

Degree _____ Major _____

Please include all numbers where you can be reached. You will be contacted by the Registrar's Office for your appointment time to meet with the Appeal Board. The inability to be reached may result in your forfeiting your appointment to meet with the Board Members.

I am affected by the:	Undergraduate Funding Limits	3-Peat Rule	Both
Do you wish to appear in person before the Appeal Board?		YES	NO
Letter from Advisor Attached? (required for undergraduate funding limit):		YES	NO

Reason for excessive hours or the repeated classes: _____

Reason for filing an appeal: _____

Please be specific for your reason for excessive hours and reason for filing an appeal so the Board can evaluate your situation. Your meeting with the Appeal Board will be limited to approximately 5 to 10 minutes so the more information provided beforehand will help aid the Appeal Board to make an informed decision. You may attach additional pages if needed and any supporting documentation that you might have supporting your reason for filing an appeal.

I swear that all the above information provided is true and correct and I understand that if the above information is found to be falsified in any way that the Appeal Board can choose to overturn any decision previously made. I understand that the decision made by the Appeal Board is final and that the decision is for the current semester only. **If you want to appeal the additional charge for subsequent semesters you must do so every semester.**

Student Signature: _____ Date: _____

Office Use Only:

Received by the Registrar's Office _____ Date to meet with the Appeal Board: _____

Term the Student filed: _____ Appointment Time to meet with the Board: _____

DECISION

Waive Charge

Uphold Charges

Signature of the Appeal Board Committee Chair: _____ Date: _____

Date student was notified: _____