



Appeal for Reconsideration Form

OFFICE OF GRADUATE ADMISSIONS

4202 East Fowler Avenue, SVC1036, Tampa, FL 33620
 TEL: (813) 974-3350 FAX: (813) 974-9689
www.usf.edu/admissions

INSTRUCTIONS: This request must be submitted **directly to the graduate program** and must be processed within 12 months of the original admission for which an appeal for reconsideration is being sought. For program locations, go online to: http://www.grad.usf.edu/programs/search_all.php. Please fill out your Personal Information, Term of Re-Entry and Graduate Program sections *completely*: failure to do so will delay the processing of your request.

ATTACH A COVER LETTER STATING THE REASONS FOR REQUESTING AN APPEAL FOR RECONSIDERATION.

University ID#: _____

Legal Name: _____

Last Name First Name Middle Name

Street Address _____

City / State / Zip Code _____

Telephone Number (please include area code) Fax Number (please include area code) E-mail Address

Signature of Student Requesting Reinstatement Date

TERM OF RE- ENTRY	GRADUATE PROGRAM
Insert Term:	Insert Major/Degree/Concentration:

(For Official Use Only)

DEPARTMENT RECOMMENDATION			
____ Admit	____ Admit <i>Conditionally</i>	____ Admit <i>10% Exception</i>	____ Deny
Justify 10% Exception or List Conditions: _____			
Department Signature: _____		Date: _____	
COLLEGE RECOMMENDATION			
____ Admit	____ Admit <i>Conditionally</i>	____ Admit <i>10% Exception</i>	____ Deny
Justify 10% Exception or List Conditions: _____			
College Signature: _____		Date: _____	
GRADUATE ADMISSIONS RECOMMENDATION			
____ Admit	____ Admit <i>Conditionally</i>	____ Admit <i>10% Exception</i>	____ Deny
Justify 10% Exception or List Conditions: _____			
Admissions Signature: _____		Date: _____	