

**WESLEYAN UNIVERSITY**  
**Office of Graduate Student Services**  
**Appeal to Graduate Academic Regulation**

Date Submitted \_\_\_\_\_ Student Name \_\_\_\_\_

Department \_\_\_\_\_ Degree Program \_\_\_\_\_

What regulation are you appealing? \_\_\_\_\_

Student Statement (Required) – Provide an explanation of the reasons for this appeal and pertinent information to support its approval.

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Faculty Advisor Statement (Required) – Provide an explanation of your support for this appeal.

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Student Signature \_\_\_\_\_

Faculty Advisor Signature \_\_\_\_\_

Department Chair Signature \_\_\_\_\_

Return the **completed and signed** form to the Office of Graduate Student Services, Exley Science Center # 128-132 or email a scanned copy of the completed and signed form to [graduateoffice@wesleyan.edu](mailto:graduateoffice@wesleyan.edu).