MARQUETTE UNIVERSITY

Appeal of Required to Withdraw for Academic Reasons (RWAR) and/or Satisfactory Academic Progress (SAP): Graduate School

Purpose: Used by Graduate School students who wish to appeal academic dismissal (Required to Withdraw for Academic Reasons-RWAR) (Required to Withdraw for and/or failure to maintain Satisfactory Academic Progress (SAP) for financial aid eligibility.

Instructions:

1. Student: Refer to this form to appeal a Withdrawal for Unsatisfactory Degree Progress or Other Non-GPA Reason dismissal.
2. Student: Consult the Academic Censure Policy in the Graduate Bulletin and the Graduate School Academic Censure Process.
3. Student: Contact your director of graduate study (DGS) about your appeal.
4. DGS: Discuss the reason for dismissal and guide the student in developing an attainable plan for returning to good standing should the student's appeal be approved.
   a. If applicable, use the GPA calculation spreadsheet to calculate the unit(s)/semester(s) necessary for the student to return to a GPA of at least 3.0.
5. Student: Complete Sections 1 & 2 of this form using a computer.
   a. **A handwritten form will NOT be accepted**.
   b. An incomplete form will not be processed and returned to you for completion.
6. Student: Print the form using the 'Print Form' button below.
7. Student: Type answers to the questions in Section 3 in a separate document based on the discussion with your DGS.
8. Student: Sign the form in Section 3; **a digital signature is NOT acceptable**.
9. Student: Be cognizant of the deadlines before submission.
   a. **RWAR/SAP appeals submitted to the Graduate School after the deadline in the Academic Censure notification you received will NOT be accepted.**
10. Student: Scan and email the signed appeal form, the Section 3 amendment and any supporting documentation to gradrecords@mu.edu by the deadline. **The email MUST be sent from your Marquette email account.**
11. Graduate School: Forward appeal materials to and consult with DGS.
12. DGS: Review, indicate recommendation and sign the appeal in Section 4.
13. DGS: Return signed appeal documents to the Graduate School by the deadline indicated in the academic censure timeline (emailed during the semester).
14. Graduate School: Approve or deny appeal in Section 4.
15. Graduate School: Notify student and the Office of the Registrar of appeal decision.
16. Graduate Records: Add completed appeal documentation (form, addendum, spreadsheet, etc.) to student's record via ImageNow (routed to the Office of the Registrar and the Office of Student Financial Aid).
17. Student: Consult your Marquette email during the week following the submission of your appeal for the notification of the determination of your appeal.

Section 1: Student Information

Name
Last name, First name, Middle name _____ MUID _____

Email _____ @ marquette.edu

Degree Program _____ Phone _____

Section 2: Intent to Appeal

Check one:

☐ I wish to appeal my RWAR/SAP decision from ☐ Fall ☐ Spring ☐ Summer _____ Year

☐ I wish to appeal my SAP only decision from ☐ Fall ☐ Spring ☐ Summer _____ Year

Print Form

Section 3: Type your answers to the following questions in a separate document and submit it with this form.

(label your answers to correspond with the questions, i.e. a., b., c., d.)

a. Explain the extenuating circumstances that prevented you from being academically successful during the term indicated above (be specific). Extenuating circumstances include, but are not limited to: personal injury or illness; family issues/difficulties; interpersonal problems; death of a relative, etc. In addition, provide any documentation you have to verify your extenuating circumstances.

b. Explain what has changed in your life that will now allow you to be academically successful. In addition, provide any documentation you have to verify your explanation.

c. Explain the strategies you will utilize that will allow you to be academically successful at Marquette in future terms, if given the opportunity. Be specific and provide justification for each strategy. Your strategies might include, but are not limited to: a change in your degree program (name the new program and explain why it is a better fit for you); a commitment to seek tutoring and/or counseling; a commitment to join a study group; a commitment to spend a set number of hours per class studying each week, etc. In addition, provide any documentation you have that may verify your new commitment to academics.

d. Propose an academic plan that will allow you to return to satisfactory progress in your degree program. A plan must include restrictions/conditions of the reinstatement. In addition, it must be measurable and ensure that you are able to meet the institution's SAP standards by a specific point in time. Plans should include courses to be taken, expected grades and a time frame to complete the outlined objectives.

I hereby request reinstatement to the university and the Graduate School after my academic dismissal (RWAR), if applicable, and/or of my financial aid eligibility (SAP). I understand the Graduate School has the final decision in all RWAR and/or SAP appeals. I also understand and agree that I am bound by the credit/GPA conditions applied to me in the Academic Plan, created specifically for me, and that I must comply with all of these conditions; or, I will again be academically dismissed (RWAR) and/or made ineligible for financial aid (SAP).

Student's Signature: _____ Date: _____

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Section 4: DGS and Graduate School Dean/Designee

DGS *(check the same category below as indicated by the student in Section 2):*
I have advised and discussed this appeal with this student, and:

☐ Support reinstatement of the student for: ☐ RWAR/SAP ☐ SAP *(only)*

☐ Do not support reinstatement of the student for: ☐ RWAR/SAP ☐ SAP *(only)*

Signature of DGS: _____ Date: _____

Graduate School *(check the same category below as indicated by the student in Section 2):*
Based on the evaluation of the above appeal and its component parts, I:

☐ Recommend reinstatement for: ☐ RWAR/SAP ☐ SAP *(only)*

☐ Do not recommend reinstatement for: ☐ RWAR/SAP ☐ SAP *(only)*

Name and title of Graduate School Dean/Designee *(print)*: _____

Signature of Graduate School Dean/Designee: _____ Date: _____