DeVry University

Academic Appeal

Date: __/__/____

901 Corporate Center Drive, Pomona, CA 91768 3880 Kilroy Airport Way, Long Beach, CA 90806 22801 Roscoe Blvd., West Hills, CA 91304

Last Name	First Name	Student ID
Campus	Program of Study	CGPA

Nature of the appeal:	**State why the appeal should be granted –**
❑ GPA Dismissal ❑ SAP Dismissal * ❑ Attendance ❑ Resume ❑ Schedule Conflict ❑ Prerequisite/Corequisite ❑ Multiple Course Repeat ❑ Transfer Credit Pre-Approval ❑ Overload ** ❑ Other _____	----------
Documents Attached:	

Student Signature: _____ Date: _____

EMAIL Address *** : _____ Phone#: _____

Appeal is : ❑ Granted ❑ Denied	**Comments:** - ----------
Dean Signature	Date:__/__/____

Student finance signature	Date: __/__/____

* Satisfactory Academic Progress.
** Student finance signature and payment of overload are required before scheduling.
*** If submitted electronically email address must be included and must match sending address.