

**UNIVERSITY OF MISSOURI-ST. LOUIS
SCHOOL OF BUSINESS ADMINISTRATION**

STUDENT APPEAL FORM

To be filled out by the student and submitted personally to an academic advisor.

Student Name _____ Student No. _____ Date _____

Address _____ Phone No. _____

NATURE OF APPEAL

_____ Graduation Requirement Waiver _____ Residency Requirement Waiver

_____ Other (Explain) _____

Remaining Hours Needed to Graduate _____

Campus Grade Point Average _____

Current Course Schedule _____

Semester _____

Total Hours _____

TEXT OF APPEAL

(Use Reverse Side if Necessary)

Student Signature _____ Date _____

Academic Advisor's Signature _____ Date _____