

The petitioner will complete the opening section of this form. In the case of a fresh start appeal, the "Academic Fresh Start Application" should be attached. For either appeal, attach supporting documentation as appropriate.

A college office **must** complete the section indicated and must submit the form to the Registrar's Office (ML 0060) by the 21st calendar day of any quarter. For the appeal to be reviewed, both the first and second sections **must** be completed.

Select the Type of Appeal

Waiver of Minimum Criteria for Academic Fresh Start

The minimum criteria for Academic Fresh Start are:

- _____ Initial enrollment of 4 quarters or less;
- _____ UGPA of less than 2.00 prior to the break in enrollment;
- _____ Break in enrollment of 12 consecutive quarters or more; and
- _____ Application filed within one year of return

The only permissible grounds for a waiver are: 1) minor deviations from the minimum criteria and/or; 2) procedural/administrative errors. If your appeal is based on deviation from minimum criteria, check the appropriate line(s) above. If your appeal is based on procedural/administrative error(s) check the following box.

Procedural / administrative error

Waiver of Late Grade Change Deadline

For the first year after a course is completed, the course instructor alone has the responsibility to change any grade that was erroneously reported, even if that year extends beyond a student's certification of graduation. After one (1) year and for three (3) additional years or until graduation (whichever comes first), the instructor may change the undergraduate grades only with College approval.

The only permissible grounds for a waiver are (check below to indicate the grounds for your petition):

- _____ procedural / administrative errors; and/or
- _____ an inability to respond to the deadlines as a result of medical or other incapacitating life circumstances.

Note: failure to be aware of the details of your records or deadlines is not permissible grounds for requesting a waiver.

Last Name: _____ **First Name:** _____

SSN or UCID: _____ **E-mail Address:** _____

Current Address: _____
(Number and street)

City State/Country Zip

Daytime Telephone #: _____ **Date of Readmission** _____

Current UC College: _____ **Date of Last Attendance:** _____

Detail the extenuating circumstances supporting your appeal.

I certify that all the information I have provided is true and correct to the best of my knowledge. I acknowledge that a false statement on this petition will subject me to a nullification of the grading appeal and a referral of this matter to the Office of Judicial Affairs for possible administrative action under the Student Code of Conduct.

Petitioner Signature: _____ **Date:** _____

To be completed by the College representative

College does not support this petition.

If this is an Academic Fresh Start Appeal, which meets the University minimum criteria but which was not approved by the college, please explain the basis for this decision. Attach a copy of program or college policy if appropriate.

College supports this petition.

Please define the College's reasons for supporting this petition relative to the permissible grounds for appeal.

College Representative: _____ **Date:** _____

To be completed by the Grading Appeals Panel

Approved Denied

Rationale:

Panel Chair: _____ **Date:** _____

The College Office (only) must submit this form and all supporting documentation to the Registrar's Office (University Pavilion, 5th Floor; ML 0060)