BELCROFT UNIVERSITY
Waters Edge Office Center, 2963 Gulf To Bay Blvd, Suite# 120, Clearwater, FL - 33759
admissions@belcroftuniversity.com
+1 (813) 772-3772

Academic Appeal Form

Students should use this form to request the reconsideration of an academic decision affecting their academic standing, enrollment status, course grade, program progression, financial aid eligibility, or continued enrollment; all appeals must include supporting documentation and a detailed explanation of the mitigating circumstances.

Academic Appeal Form Guidelines

Students who wish to appeal an academic decision, academic standing, course outcome, dismissal, suspension, or other academic matter must complete this form and provide a detailed written statement explaining the basis for the appeal. The appeal should clearly describe the circumstances that affected the student's academic performance and include any supporting documentation, such as medical records, official correspondence, or other relevant evidence. Appeals must be submitted within the timeframe established by university policy. Submission of an appeal does not guarantee approval, and students are expected to continue meeting all applicable academic and enrollment requirements while the appeal is under review. Incomplete forms or appeals submitted without sufficient documentation may result in delays or denial of the request. The university will review each appeal individually and notify the student of the final decision in writing.

Student Information

Student Name (First - Middle - Last)	
Student ID Number	
Attendance Period	From ___ To
Academic Program	☐ PhD ☐ Dental ☐ Master's
Program Name	
Current Address	
City	
State	
ZIP Code	
Email Address	
Phone Number	

Appeal Information

Semester/Term(check one, write the year) : ☐ Fall _____ ☐ Spring _____ ☐ Summer _____

Date of Appeal: _____

Type of Appeal (Select One)	☐ Academic Suspension Appeal ☐ Academic Dismissal Appeal ☐ Grade Appeal ☐ Course Withdrawal Appeal ☐ Academic Probation Appeal ☐ Graduation Requirement Appeal ☐ Other: (please explain) _____

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Course Information(If Applicable)

Course Name: _____

Course Number: _____

Instructor Name: _____

Grade Received: _____

Reason for Appeal

Please check all circumstances that apply:

☐ Medical Illness or Injury	☐ Administrative or Clerical Error
☐ Family Emergency	☐ Personal Hardship
☐ Death of Immediate Family Member	☐ Financial Hardship
☐ Military Service Obligation	☐ Other (Explain Below) _____

Student Statement

Please provide a detailed explanation of the circumstances leading to this appeal and the specific action you are requesting.

Supporting Documentation

Please attach copies of all supporting documents.

☐ Medical Documentation ☐ Death Certificate/Obituary ☐ Military Orders

☐ Academic Records ☐ Advisor Letter ☐ Other Supporting Documents

List Attached Documents:

Academic Improvement Plan

Describe the steps you will take to ensure future academic success.

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Student Certification

I certify that all information provided in this appeal is true, accurate, and complete to the best of my knowledge. I understand that submission of false or misleading information may result in denial of this appeal and additional disciplinary action.

Signature of the Student _____ Date: _____/____/_____

For University Use Only

Date Received	/ /
Reviewed By	
Decision	☐ Pending ☐ Approved ☐ Denied ☐ No Action Taken ☐ Sent to Fee Appeals ☐ DOS Referral ☐ Other _____

Comments:

_____

_____

Committee/Official Signature: _____ Date: _____/____/_____

Submission Instructions:

Submit the completed Academic Appeal Form and all supporting documentation to the Office of Academic Affairs or the Registrar's Office by the applicable deadline. Incomplete submissions may delay the review process.

Email: _____ **Phone:** _____ **Website:** _____