

Administrative Appeals Request

Name: _____ Semester Appealing: _____

Student ID #: _____ Phone: _____

Email: _____

Mailing Address: _____

City, State, Zip _____

Please explain and be sure to attach any supporting documents regarding this appeal

Signature: _____

Must be signed by student

Date: _____

Print the original document and submit by email, mail, deliver or fax to:

Administrative Appeals Committee

8600 University Boulevard

Administrative Appeals Administrative Assistant 2023

Evansville, IN 47712 usi.appeal@usi.edu

Phone: 812-465-1197

Fax: 812-461-5367

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