

## **Request for Academic Decision** School of Health Professions & Grade Review - Policy 3.1.1

Date	

	form via email for each step in t Student Affairs, Douglas Lomona			.1 for details) with a
Full Name	A#		Phone	
RUEmail	Alternate	Email		
Mailing Address				
Academic Program Inform	mation Degree			
Program		Track		
Program Director		Course Faculty		
	3:	academic decision	n, or	
to any of the following: exa	lent disclosed to the program or mination, clinical experience, as mic decision but was not consid	ssignment or grac	ling encounter, which signi	ficantly impacted the
Please indicate if you are reques	sting to remain in your current c	_	e review process. Final dec	
Policy 3.1.1 Procedural S	teps-Select the current step for	this submission		
O Step 1-Request for	Informal Faculty Review			
O Step 2-Request for	a Program/Department Level R	Review		
Step 3 - Request for	a School Level Review			
O Step 4 - Request to I	)ean			
· · · · · · · · · · · · · · · · · · ·	rm via email along with written o student's performance which w		_	

Pe space below to provide a detailed summary of your request. You may attach additional documents to this request. If the request is deemed not eligible for review, the student will be notified by email.



Enter Statement

## Request for Academic Decision & Grade Review - Policy 3.1.1 Statement



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Enter		
Enter Statement		