

**Academic Standing Appeal - Withdrawal After the Deadline**  
**KENNESAW STATE UNIVERSITY**  
**Instructor Form**

This form is to be used when requesting the Academic Standing Committee to change a grade of **F** or **WF** to **W**.

NAME  KSU ID #

Email Address  @students.kennesaw.edu Phone Number

Course Number/Section (ex ACCT 2100/03)  Term and Year of Course Being Appealed

I am requesting that the Academic Standing Committee change the grade of  I received in your course to a **W**. The reason I am requesting this change from the Academic Standing Committee is

Student Signature \_\_\_\_\_

Current Date

THE STUDENT NEEDS TO COMPLETE THIS PAGE TO THIS POINT THEN PRESENT THE FORM TO THE INSTRUCTOR

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**TO BE COMPLETED BY THE INSTRUCTOR, then RETURNED TO STUDENT .**

Did the student named above complete any examinations or other graded activity in this course? \_\_\_ No \_\_\_ Yes, specify below

What percentage of the course was completed? \_\_\_\_\_%

Did the student named above attend your class regularly? \_\_\_ No \_\_\_ Yes \_\_\_ Do not take attendance

If no, did the student ever attend? \_\_\_ No \_\_\_ Yes ( what date did student stop attending? \_\_\_\_\_ )

Do you support the appeal? \_\_\_ Yes \_\_\_ No \_\_\_ No Opinion

Are there any other comments, suggestions, recommendations or objections that you would like to share with the committee regarding this case?

Faculty Printed Name \_\_\_\_\_ Faculty Phone Number \_\_\_\_\_

Faculty Signature \_\_\_\_\_

**Return to the student. The student must upload this form as part of the online appeals packet.**  
**Faculty, at their discretion, may return this form in a sealed envelope to the Office of the Registrar, MD 0116.**