

ARMSTRONG ATLANTIC STATE UNIVERSITY

COLLEGE OF EDUCATION

Internship II/Graduate Internship Appeal Form

1. Complete the following information:

Name _____ Student ID#: 907 _____
Last First Middle

Mailing address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Program: _____ Expected graduation date _____

Email Address: _____ Advisor _____

Nature of your appeal:

The following documentation must be attached to the appeal form:

- A typed letter addressing the policy/policies that you wish to appeal and the reasons or justification for the request
- Any supporting documentation (such as medical records, test scores, etc.)

Return the appeal form to the department head secretary for processing.

Student signature date

Recommendation of Department Head: Support _____ Deny _____

Reason for Denial: _____

Department Head signature: _____ Date: _____

