1. The student who wishes to appeal a progression policy in the School of Nursing must complete a Student Appeal Request form. The form can be found below. This form is not used to appeal a grade. The procedure for appealing a grade is described in the UNCG Catalog. [https://catalog.uncg.edu/academic-regulations-policies/undergraduate-policies/grading/](https://catalog.uncg.edu/academic-regulations-policies/undergraduate-policies/grading/)

2. The student must attach a statement to the form describing their appeal. Submit the document(s) to Mr. Philip Simpson, Director of Student Affairs, who will deliver the documents to the Chair of the Student Appeals Committee or a designee. The appeal request and the supporting documents must be submitted no later than 5 pm three (3) business days before the appeal or as otherwise specified below. Student appeals will be heard on the following dates for the 2024-25 academic year:

   - August 12, 2024
   - January 6, 2025
   - May 16, 2025

3. The student is encouraged to attend the hearing to provide verbal input. The committee will invite the student’s instructor and/or the course coordinator to make a written or verbal presentation to the committee. Any written information submitted by faculty must also be received by Mr. Simpson on the schedule above. The student must let the committee know if they will or will not attend the meeting. All documents submitted by the student and the faculty will be shared with the Appeals Committee, the student, and the faculty prior to the appeal hearing.

4. If the student chooses not to attend the hearing, the student should understand that he/she waives the right to present additional information or hear the instructor/course chair’s presentation.

5. The Chair of the Appeals Committee will notify the student of the time and location of the appeal hearing.

6. Student appeal hearings are closed meetings. Appearances are limited to the student and faculty representatives. The student is allowed to have one support person attend the meeting, who will not be permitted to speak. The hearing may not be recorded. By inviting a support person to attend the meeting, the student is giving permission for that person to hear any information about the student’s academic record that may be discussed during the session.

7. The Chair will present all documents, records, files, and any additional evidence to the Student Appeals Committee members prior to the hearing. No other documents will be reviewed after the deadline. All new information must be discussed orally at the meeting. After reviewing the materials, the student and the instructor will be invited into the meeting to offer further statements, answer questions, and clarify concerns from the committee. The student and instructor will then be dismissed, and the committee will deliberate and make a recommendation to the Dean.

8. The student will be notified of the decision within 10 calendar days of the appeal hearing.
UNC- GREENSBORO SCHOOL OF NURSING STUDENT APPEAL REQUEST

Name:_________________ Student ID:_________________ Address:_________________

E-Mail address:__________________

Telephone Numbers: (H)_________________ (Cell)_________________

(W)__________________

Guidelines for Student Appeals Process

1. This form must be completed by the student who is appealing a progression policy in the School of Nursing. The form is not used to appeal a grade. The procedure for appealing a grade is described in the UNCG Catalog.

2. The Student Appeals Committee will hear appeals on the following dates during the 2024-25 academic year:

<table>
<thead>
<tr>
<th>Appeals Date</th>
<th>Materials due to Mr. Simpson by this date at 5:00 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 12, 2024</td>
<td>August 5, 2024</td>
</tr>
<tr>
<td>January 6, 2025</td>
<td>December 20, 2024</td>
</tr>
<tr>
<td>May 16, 2025</td>
<td>May 12, 2025</td>
</tr>
</tbody>
</table>

3. The student will submit an appeal in writing, and/or the student is encouraged to attend the meeting to present the appeal verbally. The committee may ask the student’s instructor and/or the course coordinator to make a written or verbal presentation to the committee. Faculty and student presentations will occur concurrently.

Please indicate if you will or will not attend the meeting:

________ I plan to attend the meeting. _________ I do not plan to attend.

The Appeals Committee may find it helpful to review your academic transcript. Please initial one of the boxes below.

________ I give permission to review my transcript.

________ I do not give permission to review my transcript.

4. Please indicate name of faculty member(s) teaching course if applicable
5. Attach a statement or letter to this form which describes your appeal and the circumstances of your dismissal. Include extenuating circumstances that existed in your situation. Extenuating circumstances may include such things as medical/psychological circumstances, personal/family emergency, unexpected death of family member, domestic violence/sexual assault, serious car accident, changes in employment, unexpected financial difficulty, military service.

6. Once an appeal request is received, the committee chairperson will notify the student verbally and/or in writing of the time and location the appeal will be heard. Meetings of the committee are closed. Appearances are limited to the student and faculty representatives. One support person of the student’s choice will be allowed to attend the meeting. However, the support person will not be permitted to speak. The session may not be recorded. Committee recommendations are submitted to the Dean, and the student will be notified in writing of the Dean’s decision within 10 calendar days of the appeal hearing.

7. Student Appeal Requests are available on the School of Nursing website.

Student Appeal Requests should be delivered in person or via email to Mr. Philip Simpson, Director of SON Office of Student Success (pasimpso@uncg.edu). I understand that any support person I invite will hear any information about my academic record that may be discussed during the session and agree to this disclosure.

Student’s signature: ______________________________ Date: __________________________