



APPEAL FORM FOR COURSE SUBSTITUTION ONLY

(Only one course will be accepted per form.)

Student Name (Print):	Date (MM/DD/YY):
Student Name (Signature):	Student ID:
Email Address (Only official Massasoit student email addresses can be used for the appeal to be considered.):	Telephone Number:

TO BE FILLED OUT BY THE STUDENT

Program:

Required Course Number and Title:

Substitute Course Number and Title:

Reason (Check all that apply and explain below.):

- ☐ Misadvised
- ☐ Course Canceled/Not Offered
- ☐ Program Change
- ☐ Other

Explanation (Provide evidence to justify why you believe this course substitution is necessary.):

TO BE FILLED OUT BY THE DEPARTMENT CHAIR

Department Chair (Print):

Department Chair (Signature):

- ☐ Recommend
- ☐ Do Not Recommend

Date (MM/DD/YY):

Reason for Decision (Substituted course must satisfy the same attributes and level of instruction required within the student's program.):

TO BE FILLED OUT BY THE DIVISION DEAN AND APPEALS COMMITTEE CHAIR

Division Dean (Print):

Division Dean (Signature):

☐ Recommend

☐ Do Not Recommend

Date (MM/DD/YY):

Reason for Decision (Required):

Appeals Committee Chair (Signature):

Verification (Required):

☐ I verify that the substituted course satisfies the same attributes and level of instruction required within the student's program and that all appropriate criteria has been met. This appeal is now ready to move on to Academic and Student Affairs for processing. If this appeal does not meet all appropriate criteria, I have outlined why below:

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Appeals Committee Chair (Signature required only if Department Chair and Division Dean do not agree.):

☐ Recommend

☐ Do Not Recommend

Date (MM/DD/YY):

Reason for Decision:

Academic Senate President (Signature required only if Department Chair and Division Dean do not agree.):

☐ Recommend

☐ Do Not Recommend

Date (MM/DD/YY):

Reason for Decision:

Provost/Vice President of Academic and Student Affairs (Signature required only if Department Chair and Division Dean do not agree.):

☐ Recommend

☐ Do Not Recommend

Date (MM/DD/YY):

Reason for Decision: