

TRACKING TERM APPEAL
College of Arts & Sciences

(To be completed by student making the appeal)

Student Name _____

Student Identification Number _____ Student Email _____

Catalog Term: _____ Major/Concentration: _____

I understand that this is the only *Tracking Term Appeal* I am allowed for this major.

Student Signature _____ Date _____

Reason for this request (use back of form or separate sheet of paper if necessary):

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(To be completed by student's academic advisor)

Student's current tracking term _____ Student's new tracking term (if approved) _____

The new tracking term applies to _____ (fall or spring) semester.

Academic Advisor Printed Name: _____ *Signature* _____

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(To be completed by Department Head/Program Chair/Advisor Coordinator when applicable)

Departmental Comment (optional):

Department supports Department does not support

Department Head/Program Chair/Advisor Coordinator Printed Name _____

Signature _____ *Date* _____

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OFFICE USE ONLY

Decision:

Approve: Reset to Tracking Term # _____ Deny

	Date
Track re-set in Banner (if applicable)	_____
Removal of uTrack hold requested	_____
Decision recorded in Grades First	_____

Arts & Sciences Director Comment: _____

A&S Director Printed Name _____

A&S Director Signature _____ *Date* _____