

**LINCOLN MEMORIAL UNIVERSITY  
CAYLOR SCHOOL OF NURSING  
STUDENT APPEAL REQUEST FORM**

**PLEASE TYPE OR PRINT LEGIBLY THE INFORMATION REQUESTED BELOW.**

**Date** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Name** \_\_\_\_\_ **LMU ID #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Alternate email** \_\_\_\_\_

**1. Appeal request for: Fall** \_\_\_\_\_ **Spring** \_\_\_\_\_ **Summer** \_\_\_\_\_ **Year** \_\_\_\_\_

**2. Course to which appeal is requested:**

\_\_\_\_\_

**3. LMU campus last attended:**

\_\_\_\_\_

**4. Situation which you are requesting an appeal: (Be specific regarding your request.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Supporting evidence for the appeal and policy it is based on: (Use back if needed.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Specify how you think this situation could best be resolved:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Signature of Student:**

\_\_\_\_\_

**PLEASE EMAIL THIS REQUEST TO THE COURSE COORDINATOR**

**FOR CAYLOR SCHOOL OF NURSING USE ONLY:**

**Committee decision:** \_\_\_\_\_