

Date received _____



Student Appeal Form for CAP EVENTS

Students with extenuating circumstances shall request that other on-campus or off-campus events count for CAP credit by completing this appeal form.

STUDENT INFORMATION

Name _____ I.D. # _____

Age _____ Advisor _____ Current # of CAP events _____

Residence Hall & Room # _____

Local Address _____

Cell/Phone _____ Email _____

Reason for appeal _____

Name(s) of event(s) to be considered for CAP credit _____

If the appeal is granted, the following guidelines must be met in order to receive CAP credit:

1. Events to be considered for acceptance should be of an academic, cultural, musical or artistic nature.
2. Attendance must be verified for all events, either by a ticket stub, brochure, or program.
3. A 500 word essay summarizing the event must be emailed to Dr. Emma Pettyjohn after attending.

If the reason for the appeal is that the student can attend all of the designated CAP events, but still needs more to complete the graduation requirement, the employment/class conflict section on the reverse side does not need to be completed. The student and advisor should sign on the reverse side, and submit the form as indicated.

EMPLOYMENT/CLASS CONFLICT (to be completed by employer/professor)

If employment or classes conflict with programs on the CAP schedule, a letter on the employer's or college's letterhead MUST accompany this request and include the following: (1) date; (2) beginning work or class date; (3) your name; (4) days and times you work or have class; and (5) employer/supervisor or professor signature. A LETTER WITH ALL FIVE OF THE ABOVE ITEMS IS NECESSARY FOR CONSIDERATION OF YOUR REQUEST. Complete the following section that pertains to your circumstances, either employment conflict or class conflict.

Place of Employment _____ Employer Phone _____

Supervisor Name _____ Signature _____

Or

Name of Class _____ Date/Time of Class _____

Professor Name _____ Signature _____

I certify the information I have given above and attached is accurate. I will notify the CAP committee immediately of any change affecting my ability to attend on-campus CAP events. I have attached a printed schedule of classes and a letter with all appropriate information and understand that, until I receive notification from the CAP committee, my appeal has not been approved.

Signature of Student

Date of Request

As the advisor, I verify that this student has a legitimate reason for requesting additional on-campus or off-campus CAP events, due to a need for more than the eight designated CAP events or due to an employment or class conflict. The student has discussed this situation with me.

Signature of Advisor

**Student should return this form to Dr. Emma Pettyjohn (Campus Mailbox #24, Taylor 108).
Student will be notified by email.**

Approved Date _____

Not Approved Date _____

CAP Appeals Chair