



**THE GRADUATE SCHOOL**  
**CLEMSON UNIVERSITY**

**GS-APPEAL – APPEAL OF DISMISSAL OR DENIED ADMISSION**

---

**Instructions:** This form is to be used for transmitting to the Graduate School a request by a student to appeal either:

- a) denied admission into one of the Clemson’s graduate programs, or
- b) dismissal from one of Clemson’s graduate programs.

Student Name \_\_\_\_\_ Date submitted \_\_\_\_\_

Email Address \_\_\_\_\_ CU Student ID Number \_\_\_\_\_

Local Address \_\_\_\_\_

**For appeal of denied admission**

*This form must be submitted to the Graduate School within 30 days of the date of letter indicating rejection, or at least two weeks prior to the beginning of the term in which the student wishes to enroll, **whichever is earlier**.*

Date of letter denying admission: \_\_\_\_\_  
Beginning date of term in which enrollment is sought: \_\_\_\_\_

*Please attach your written statement providing evidence that the admission decision was unfairly or improperly rendered.*

**For appeal of dismissal**

*This form must be submitted to the Graduate School within 30 days of the date of the official letter from the Graduate School indicating dismissal.*

Date of notification of dismissal: \_\_\_\_\_

*Please attach your written statement providing evidence that the dismissal decision was unfairly or improperly rendered.*

**Committee decision:**

- |                                                  |                                                    |
|--------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Denied admission upheld | <input type="checkbox"/> denied admission reversed |
| <input type="checkbox"/> Dismissal upheld        | <input type="checkbox"/> dismissal reversed        |

Chair of Committee \_\_\_\_\_ Chair’s Signature: \_\_\_\_\_

*TYPE OR PRINT*

Date of decision \_\_\_\_\_

