



Academic Records Appeal Form

Use this form to request changes to your academic record after published deadlines due to documented extenuating circumstances. Complete all sections, attach required documentation, and submit to regappeals@kean.edu for review.

Student First Name _____ Student Last Name _____ Kean ID Number _____

Email Address _____ Phone Number _____

Current Status: Currently Enrolled Former Student **Anticipated Graduation:** _____ N/A

Semester of Impact: _____ **Course(s) Involved:** All Courses Some Courses - Identified Below:

Subject	Course Number	Section	Course Title	Credits

Type of Change Requested (check all that apply):

- Late Course Drop/Course Removal from Record
- Late Withdrawal
- Correction of Enrollment/Registration Error
- Other: _____

Reason for Appeal:

Explain your reason for appeal (*attach a written statement if more space is needed*).

Supporting Documentation Provided:

List the documentation available support your appeal. Documentation listed below must be included with your appeal. **Do NOT include medical documentation. All appeal requests related to medical circumstances must be submitted to the Kean Wellness Center and may NOT be considered as an Academic Record Appeal.**

Student Acknowledgement:

By signing below, I confirm and acknowledge that:

- All information provided in this appeal is complete, accurate, and truthful to the best of my knowledge.
- I have included all supporting documentation relevant to my request at the time of submission.
- I understand that submitting false or misleading information may result in denial of my appeal and referral to the Office of Student Accountability, Standards and Education.
- I understand that the Academic Records Appeal Committee's decision is final and cannot be appealed further.
- I understand this process is not intended to adjust billing or financial aid, and I am responsible for contacting the Office of Student Accounting and the Office of Financial Aid to review potential impacts.
- I authorize the Office of the Registrar and the Academic Records Appeal Committee to consult with my course instructors, academic advisor, department chair, and/or other relevant administrative offices as needed to review and verify the information provided in my appeal.

Student's Signature _____ Date _____