

TUTORIAL ASSISTANCE POLICY

Academic Infraction Appeal Form

Name: _____ Sport: _____

Semester/Year: _____ Course Name: _____

Date of Appointment: _____ Official Start Time of the Appointment: _____

Reason for Academic Infraction: _____

I attest that the statement above is truthful and honest. I understand that I am responsible for my own actions. I understand that this is an appeal and all information will be formally reviewed in a fair manner. I understand that appeals are not guaranteed to be approved and denials are final and cannot be appealed again. I understand that my Head Coach and academic counselor must first agree to my submission of the appeal before I submit this appeal to the ASPSA.

Student-Athlete Signature

Date

Head Coach Signature

Date

Academic Counselor

Date

Tutor Coordinator Notes: _____

Tutor Coordinator Signature

Date

Associate Director Signature

Date

Appeal Approved

Appeal Denied

Student-Athlete Initials

According to the penalty structure and the decision of the appeal, I understand I now stand at:
