The South Dakota School of Mines and Technology has established a university Academic Appeals Committee to review requests for exceptions to academic policies including, but not limited to, the three attempt limit on courses, time limits for completion of pre general education and general education courses, and the change of a grade from “F” to “W.”

1. The Academic Appeals Committee will be composed of four faculty members appointed by the Provost and Vice President for Academic Affairs, together with the Associate Provost for Accountability and Assessment, who will serve as chair. A designee of the Associate Provost for Enrollment Management will serve on the Committee in an ex officio capacity.

2. A student will appeal to the chair of the committee and will solicit support from appropriate faculty member(s) or academic advisor regarding the appeal.

3. The Academic Appeals Committee will act on student appeals within one month of the receipt of the appeal.

4. Committee recommendations will be communicated to the student by the Committee chair. Copies of the communication to the student will be sent to faculty and staff members involved, as appropriate. All decisions are subject to the final approval of the Provost and Vice President for Academic Affairs.

BOR Reference: Policy 2:9
APPLICATION FOR ACADEMIC APPEALS (i.e., a waiver)

*(Do not confuse this with appeals involving financial aid and satisfactory academic progress.)*

Name: ________________________________  Email:______________________ ID# ____________________

Phone #_______________________ Major: ____________________ Advisor: ______________________

Circle One:   Freshman    Sophomore    Junior    Senior   Graduate

☐ Suspension    ☐ Pre general education completion timeline    ☐ Academic Amnesty
☐ Alternative certification  ☐ General education completion timeline
☐ Grade change; semester for which grade change is requested and last day of attendance

☐ More than three attempts; course: ___________________________________________________

Why are you requesting this action? Explain the extenuating circumstances you feel may exempt you from normal academic policies.

*(Type or print response here or add separate page)*

Have these circumstances been resolved? Explain how.

*(Type or print response here or add separate page)*

What changes have you made and/or what strategies you will use to successfully manage your studies should this request be granted?

*(Type or print response here or add separate page)*

I certify that the statements made above are true to the best of my knowledge.

____________________________________________________________________________________

Student Date

I have discussed this student’s situation with him/her and I:

☐ Support the appeal
☐ Do not support the appeal

Please send your comments to the Committee; they are highly valued. You can write them on this form or email them in confidence to kate.alley@sdsmt.edu

____________________________________________________________________________________

If the appeal is for a change of grade, as the instructor of record, please indicate last date of academic activity (quiz, exam, etc.) __________________________

Advisor or Faculty member signature & date  (Please also clearly print name)
Instructions to Students for Completing This Form.

Academic policies have been developed for valid reasons. Appeals are basically granted for two reasons.

Reason #1: Circumstances beyond your control have made it difficult or impossible for you to proceed under normal academic conditions.

Reason #2: You have identified your own actions or lack of actions which caused the situation, and can convince the committee that you have developed a plan of action to ensure success the next time around.

If either or both of these reasons apply to you, here is what you need to do:

1. Fill out the form by typing or printing neatly in ink. Be complete and honest about the circumstances, which have caused you to seek this appeal. If you need additional space for any of the above questions, please attach additional pages to this form.

2. Take this form to your advisor or to the faculty member of the specific course about which you are appealing.

3. Discuss with this person your request, your reasons for requesting it, and your plan to create a successful outcome.

4. If the person endorses your appeal and plan of action, get his or her signature on this form or have person send an email to kate.alley@sdsmt.edu. Additional explanatory notes or supportive comments the person is willing to make may assist you in your appeal.

5. Return this form in hard copy or digitally (together with any supporting documentation) to:
   Office of the Vice President for Academic Affairs
   O’Harra 215
   501 East Saint Joseph Street
   Rapid City, SD  57701-3994
   (605) 394-2256  phone
   (605) 394-2490  fax
   Kate.Alley@sdsmt.edu