${\color{red}Questions:}\ \underline{business of fice@lewisu.edu}$

Last Name		First Name
Addres	SS	ID
Email		Phone
Term that the appeal is requested for I confirm that all classes for the term listed were withdrawn from: [] YES [] NO		
[]	Sgnificant illness or injury. Chronic illness. Sgnificant illness or injury to a family member that required the support and care of the	
	student.	
[] []	Mental health condition. Death in the immediate family.	
[]	Sudden or consistent lack of transportation for commuter status student. Significant increase in living expenses for commuter status student.	
[]	REQUIRED - Personal statement	