

UASH Appeal

(for appeals of UASH decisions on Reinstatement petitions only)

Name: _____ UID: _____

Class Year: _____ Option: _____ Advisor Name: _____

Caltech Email: _____ Other Email: _____

Cell Phone: _____ Pronouns (optional): _____

NOTE: Students appealing UASH's decision on their Reinstatement petition may choose to appear personally before the Committee in order to discuss their case and to answer questions that the Committee might have about their case.

CHECK THIS BOX if you wish to appear before the Committee. (If you check this box, you should make yourself available for an interview during the Appeals meeting. Please check the UASH website at www.registrar.caltech.edu/uash for the date and time of the meeting. Please come to the Office of the Registrar in the Center for Student Services that day (specific appointment will be arranged) where you can wait until the Committee asks to see you.)

INSTRUCTIONS

1. Please read the [UASH Handbook](#) before writing and submitting this petition.
2. All information provided on this form is PRIVATE and will only be shared with those who have a need to know. *If you are concerned about revealing deeply personal issues in your petition or to particular UASH members, please discuss methods for handling this with the Deans.*
3. If you plan to submit medical documentation, please use the [Provider Report Form](#).
4. Your petition must be submitted to the Registrar's Office. Please check the UASH website at www.registrar.caltech.edu/uash for deadline to submit documents.

1. Clearly explain why you think that UASH should reconsider its denial of your Reinstatement petition (Attach a separate sheet of paper if necessary)

2. Attach any **additional information** that you think is relevant to your case.

Signature

Date