UASH Appeal

(For appeals of UASH decisions on Reinstatement petitions only.)

Na	ıme:	Date (term/year):/		
UI	D:	Year of Study:	Option:	
Ca	ltech Email:		Other Email: Adviser's Name: Adviser's	
Mo	obile Phone:	Adv	viser's Name:	
pei	rsonally before the		uss their case with the Committee and to answer	
	you should r Please check the meeting.	nake yourself available for a the UASH website at www Please come to the Office of	n interview on the morning of the Appeals meeting <u>registrar.caltech.edu/uash</u> for the date and time of of the Registrar in the Center for Student Service <u>by</u>	
IM ◆	submission of do accepted. All information a need to know. to particular UA Please read the Q	cition must be submitted to the cuments on the UASH web provided on this form is PRI If you are concerned about a SH members, please discuss	Site (see above url). Late submissions will <u>NOT</u> be <u>VATE</u> and will only be shared with those who have revealing deeply personal issues in your petition or a methods for handling this with the Deans.	
1.	• 1	why you think that UASH shat separate sheet of paper if	The state of the s	
2.	Attach any addit	ional information that you tl	nink is relevant to your case.	
Signed:			Date:	