



# GRADUATE ADMISSIONS

PIEDMONT UNIVERSITY

## Graduate Admissions Appeal Form

### GRADUATE ADMISSIONS

PO Box 10, Demorest, GA 30535

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Fax: 706-776-0150

www.piedmont.edu

**INSTRUCTIONS:** This request must be submitted **directly to Graduate Admissions**. Please fill out *completely*: failure to do so will delay the processing of your request.

**ATTACH A COVER LETTER STATING THE REASONS FOR REQUESTING AN APPEAL FOR RECONSIDERATION.**

**Student ID #:** \_\_\_\_\_

**Legal Name:** \_\_\_\_\_

Last Name

First Name

Middle Name

\_\_\_\_\_  
Street Address, Apartment Number

\_\_\_\_\_  
City/ State/ Zip Code/ County

\_\_\_\_\_  
Telephone Number (please include area code)      Fax Number (please include area code)      E-mail Address

Term of Entry	Graduate Program

Graduate Studies Recommendation	
_____ Admit	_____ Deny
Department Signature: _____ Date: _____	

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_