



PIEDMONT UNIVERSITY

Graduate Admissions Appeal Form

Graduate Admissions
PO Box 10, Demorest, GA 30535
Office: 800-277-7020 1181
www.piedmont.edu

Instructions: Submit this completed request along with a cover letter stating the reasons for requesting an appeal for consideration to the Vice President for Enrollment Management. This may be sent electronically to Cindy Peterson, cpeterson@piedmont.edu or mailed to the address above.

Student ID: _____

Date: _____

Legal Name: _____ Last Name _____ First Name _____ Middle Initial _____

Street Address, Apt. Number _____

City/State/Zip Code _____

E-mail Address _____

Requested Term of Entry	Graduate Program

Graduate Studies Recommendation (Internal use only)

_____ Admit

_____ Deny

Department Signature: _____ Date _____

Applicant Signature: _____