



Office of the Registrar
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OFFICE OF THE REGISTRAR STUDENT APPEAL FORM

Student Information

Student Name _____
Last First Middle

Student ID _____ Current Date _____
(R00.....)

Term Information: ☐ Fall ☐ Spring ☐ Summer Year _____

Appeal Information – Provide any information necessary to consider the appeal. Please include as much information as possible, including dates and documentation.

Student Signature

By signing this form, I agree that all statements and documentation provided are true and accurate. Misleading or falsified statements and/or documents could lead to appropriate disciplinary action.

Student Signature _____

Phone Number _____ Date _____

Office of the Registrar – Decision Information

Registrar Signature _____ Date _____