

## ARC Information/Appeal Form

To review your request and for you to be notified of the decision please provide the information below.

### Disclaimer

Please note that it is illegal for any person other than the student filing an appeal to complete and submit this form. Additionally, the University is not liable for any unauthorized use of this form by any third parties, or any persons other than the student.

Today's Date

### Name

\*First

\* Middle Initial

\* Last

### Gender

Female     Male

### Indicate below where you would like to receive your appeal decision

\*Street Address

Address Line 2

\*City

\*State

\* Postal/Zip Code

### Phone

\*Primary Phone

Secondary Phone

### Student ID & E-mail

\*Student ID or SSN

\* E-mail Address

### Advisor's Name

**Reason for Appeal (Select all that apply)**

- Reinstatement
- Retroactive Withdrawal
- Acceptance of transfer credit
- Waiver of credits/requirements
- Credit by Examination
- Residency Requirement
- Other

**Please write your appeal here (include as much detail as possible)**

**Would you like to attach a supporting document?**

- Yes       No

To submit this form please save and then e-mail to [arcappeals@lincolnu.edu](mailto:arcappeals@lincolnu.edu) .  
Please call (573) 681-5489 to make sure your appeal has been received.