Northwestern State University of Louisiana

Social Work Department

Admissions, Progression, Dismissal Appeal Review Committee

Request for Appeal of Admission/Retention Decision

Date of Decision:	
Date of Appeal:	
Name (First and last):	
Student CWID:	
NSULA Email:	
Mailing Address:	
Appeal Requested:	
Rationale for the Request (Under 500 words):	
What is the plan for succeeding in the Social Work pro	gram if admitted (readmitted):
☐ By checking here, I understand that I have the right	
Social Work Professional Program serve on my committee If requesting a student serve on the Appeals Committee	
of the student here:	
By typing my name in the box provided below, I certify	that all above information is correct.
Name:	When all fields are complete, please save the file
Date:	as ([your name] Appeal) and email to Dr. Ruth Weinzettle, Department Chair at
Date.	weinzettler@nsula.edu.