

# CSCE Faculty Appeal for Admittance of Ph.D. Student

Faculty Member Requesting Appeal: \_\_\_\_\_

Student Name: \_\_\_\_\_ UARK Student ID (if assigned): \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Undergraduate GPA: \_\_\_\_\_ Graduate GPA (if applicable): \_\_\_\_\_

GRE Scores: Verbal: \_\_\_\_\_ Quantitative: \_\_\_\_\_ Analytical Writing: \_\_\_\_\_

Will you support the student as a Research Assistant?

If yes, will the student be on a 9-month or 12-month appointment?

If yes, how much will the student's monthly stipend be? \_\_\_\_\_

If yes, what is the source of funding? \_\_\_\_\_

How many semester will you be supporting the student for? \_\_\_\_\_

Justification for Admittance to Ph.D. Program:

Faculty Member's Signature Requesting Appeal: \_\_\_\_\_ Date: \_\_\_\_\_

## **Graduate Studies Committee Decision**

Appeal Approved: Yes No

Reason, if not approved:

GSC Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_