

CAHP Request for Reconsideration Form

Instructions: The purpose of this form is outlined in the MLS Student Handbook under "Academic Performance and Professional Behaviors" and the OT Student Handbook under "General Policies". Students should review this process completely before submitting this request form.

This request must identify the student, the requested action, the reason for the request, and documentation of any extenuating circumstances. Incomplete forms will be returned to the student. If alleging discrimination, your complaint may be filed under this procedure or with the [Office of Equal Opportunity and Affirmative Action](#), but not both.

Deadline: The request must be filed within 5 calendar days from the notice of action (e.g. dismissal), unless there are compelling reasons for delay. Please contact the CAHP Office for Student Services at cahpadv@umn.edu or (877) 334-2659 with any questions related to this form or process.

Please submit this form by email, fax or mail to:

E-mail: cahpadv@umn.edu

Fax: (612) 626-8127

Center for Allied Health Programs
University of Minnesota
516 Delaware St. SE
PWB 15-194
MMC 714
Minneapolis, MN 55455

Student Name: First, Middle, Last Student ID#

Current Mailing Address:
Street, City, State, Zip

University Email Preferred Telephone Number

Program of Study Performance Site Term/Year

Briefly state the reason for your request. Attach additional pages if necessary:

Describe extenuating circumstances (if any):

List additional documentation (if any):

By signing this form, you are certifying that the information you provided is true. Misrepresentation of facts or documentation may be sufficient cause, in and of itself, for automatic denial of this appeal and may be in violation of the Student Conduct Code. If you have read and understood the statement above, sign and date the box below.

Student Signature Date

For office use:	Date Received	Date Processed	Results of Decision
_____	_____	_____	_____