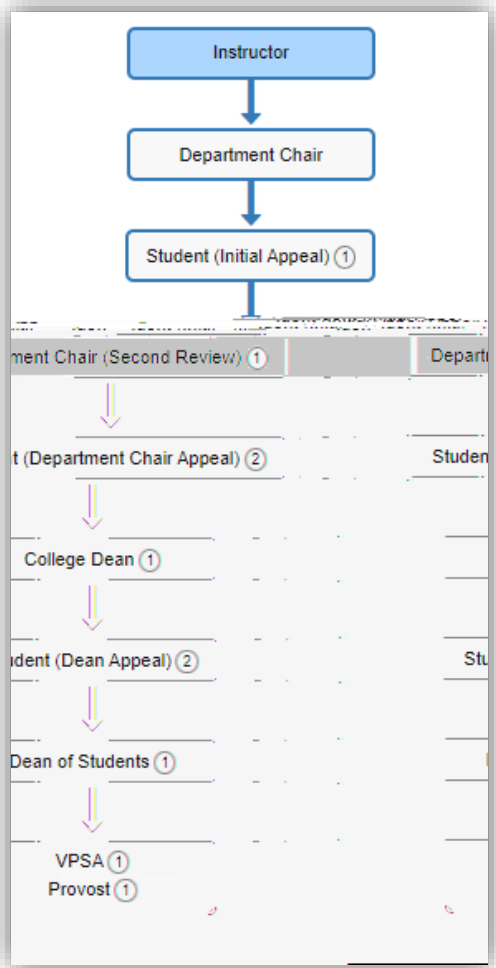
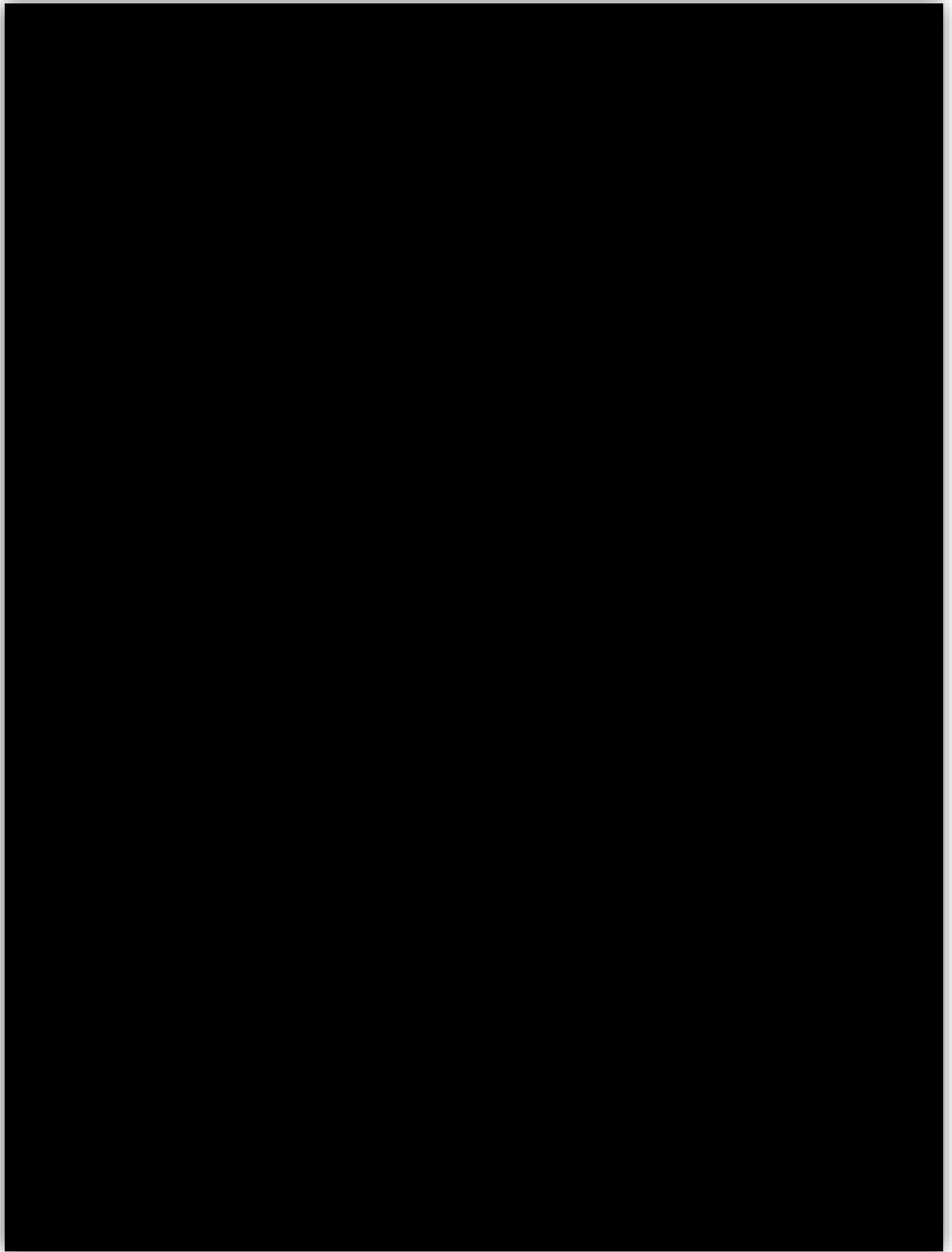

- _____
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Department Chair's Second Review Decision:

No

Personal Information/Evidence Here:

Comments:

Attach File

Upload Additional

Additional Comments

Please enter the name and email address of the Dean of your College. Ensure that the spelling of the email address is correct, as there will be no notification if it is incorrect.

College Dean's Decision:

- Yes, I uphold the Department Chair's verdict.
- No, I am overturning the Department Chair's verdict.

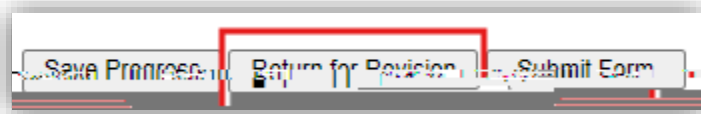
Do you uphold the Department Chair's verdict?

Upload Written Decision:

This field is required

College Dean's (click to sign)

Date:



Return For Revision

Return For Revision

To: [Name] [Email]

Subject: [Text]

Body: [Text Area]

characters (with HTML): 0

Paragraphs: 0

Return For Revision

