## **ACADEMIC APPEAL FORM**



A formal appeal must normally be initiated <u>within 30 days</u> of the decision or action that is being appealed. (Policy ED 4-0, IV, 1) The purpose of this form is to ensure that each of the three departmental levels has had the opportunity to review the student's concerns and clarify the reasons for their decision prior to an Appeal Committee review of the matter. **FOR CAMPUS-BASED COURSES ONLY**.

tudent Name	Student #	
Address		
Email:	Phone:	
Course Name	Section	
<del>-</del>	he issue and your proposed resolution. d a copy attached to this form.	This should be
Discussion with:		
. Instructor:	Telephone #	
	n: (to be completed by Instructor)	
Instructor Signature	Student Signature	Date

Chairperson	relepno	one #
	(to be completed by Chairperson)	
Chairmannan Ciarrahana	Chadant Cianahana	Date
i nairnerson Sionatiire	STUDENT SIGNATURE	
Chairperson Signature	Student Signature	Date
Chairperson Signature  Dean/Director	_	one #
Dean/Director	_	
Dean/Director	Telepho	

Please pay your \$29.85 appeal fee at the finance cashier in the old main building. If an appeal is being requested, return this fully completed form along with covering letter concerning the nature of the appeal, the proposed resolution, and proof of payment of the appeal fee to the Office of Student Affairs. An appeal cannot be actioned until all of the above is complete.