



## Student Appeals Form

Students who wish to appeal a decision made by the College must complete this Student Appeals Form within the time frame stated in the "Appeals & Grievances" policy listed in the College Catalog. Students must describe, in details, the college policy or grade in which they are requesting consideration or exemption for appeal and provide any supporting documentation. A written response will be given to the student within ten (10) calendar days from the date of submission. Please refer to the College Catalog for additional information on the appeals process.

Student Name (print):	Student ID #:	Program:
E-mail Address:	Campus / Location:	
Telephone:	Program Start Date / Cohort:	Date of Appeals:

### REASON FOR APPEAL:

<input type="checkbox"/> Policy/Catalog Exemption	<input type="checkbox"/> Attendance/Termination	<input type="checkbox"/> Grades	<input type="checkbox"/> Other:
For grading and attendance related issues, student must first contact their instructor. Please include any documentation of instructor contact regarding this issue with this appeal form.			

### LEVEL OF APPEAL:

<input type="checkbox"/> Level 2 – Formal Appeal	<input type="checkbox"/> Level 3 – Campus Appeal Hearing*	<input type="checkbox"/> Level 4 – Final Appeal*
* For Level 3 Appeals – The Campus Grievance and Appeal Committee Hearing form will need to be completed by the campus and attached, * For Level 4 Appeals - All decisions made by the National Academic Dean are final, and a Level 4 appeal is the last step in the appeals process provided by the College.		

**Please provide a brief description of the reason for appeal and why you wish to appeal:**


**Please explain the changes in your circumstance(s) that will allow you to succeed in your program:**


**Please describe the desired outcome of your appeal:**


[illegible]

Date:

CAMPUS USE ONLY:		
<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>	Notification sent to student on/by:
Program Director / Campus Dean Signature:		Date:
Regional Dean / National Dean Signature:		Date:
Chief Academic Officer/National Dean of Allied Health Signature:		Date:
Academic Comments:		