Student Appeals Request 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. Please note that a student who is disciplined or withdrawn for behavioral misconduct cannot contest the College's decision through the following process or any appeals process, as all decisions regarding disciplinary actions are made by the College's Leadership team and are final.

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

REASON FOR APPEAL:

☐ **Policy/Catalog Exemption**	☐ **Attendance/Termination**	☐ **Grades**	☐ **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:

☐ **Level 2 – Formal Campus Appeal – Campus Committee Hearing**	☐ **Level 3 – Final Appeal to the National Academic Dean**

* For Level 2 Appeals – The Campus Grievance and Appeal Committee Hearing form will need to be completed by the campus and attached,
* For Level 3 Appeals - All decisions made by the National Academic Dean are final, and a Level 3 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:

Please clearly explain the circumstances surrounding the status you wish to appeal, and the extenuating circumstances or any additional information that you feel should be considered during the appeals review. Additional documentation or separate page can be attached to this form if needed:

Student Signature:	**Date:**

**** Once completed and signed, please submit this appeals request and any supporting documentation to Academic Leadership. ****

CAMPUS USE ONLY:	
☐ **Approved** ☐ **Denied**	Notification sent to student on/by:
Campus Academic Leadership Signature:	Date:
National Academic Leadership Signature:	Date:
Academic Comments:	