



ACADEMIC APPEAL FORM
Policy 3011

Date: _____ Name: _____ C#: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Term: _____ Course Name: _____ Instructor: _____

1. *Subject of Appeal:* Give a concise summary of what you are requesting and why.

2. *Explanation of Appeal:* On a separate sheet of paper, provide details of your appeal and provide any documentation to support your allegation(s).

3. *Process:* Follow the steps as indicated in Policy 3011.

Dean Signature: _____ Date: _____

☐ Approved ☐ Denied

ACADEMIC STANDARDS COMMITTEE
Appeal of Dean's Decision

Process: Follow the steps as indicated in Policy 3011.

Date of Appeal: _____ Subcommittee Members: _____

Dean or Co-chair signature: _____ Date: _____

☐ Approved ☐ Denied