



REQUEST FOR ACADMEMIC APPEAL

Student's Name _____ Student ID: _____

Semester and Year _____

Course Name and Umber _____

Instructor(s) _____

Reason for Appeal:

Request to change course grade from _____ to _____

Other: _____

Step 1

Student's Signature: _____ Date: _____

Action Taken:

Faculty: _____ Date: _____

Step 2

Dean/Chair: _____ Date: _____

Campus Vice Chancellor (DeWitt and Stuttgart) _____ Date: _____

Action Taken:

Step 3

Vice Chancellor for Instruction: _____ Date: _____

Action Taken:

Step 4

Chair of the Faculty Senate Academic Standards Committee: _____

Date: _____

Action Taken:

Hearing not warranted ____

Hearing warranted ____

Step 5

Chair of Academic Standards Committee: _____ Date: _____

Action Taken:

Notify Student: _____

Notify Instructor: _____

Date of Hearing: _____

Time of Hearing: _____

Location of Hearing: _____

Step 6

Hearing Convenes

Findings:

Student: _____ Date: _____

Academic Standards Committee Chair: _____

Academic Standards Committee Members: _____
