

Phillips Community College of the University of Arkansas

Request for Academic Appeal

Student's Name: _____ SSN: _____

Semester and Year: _____

Course Name and Number: _____

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: _____ 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: _____
