

Student Appeal Form

PLEASE READ CAREFULLY

Formal Appeal Process:

The Student Appeal Form must be submitted in writing to the Dean of Students Office within ten (10) College working days from the date the decision was issued.

This form can be used for an appeal at any level of the appeal process. All responses from the College will be in writing to you. It is your responsibility to monitor your designated email account during the course of an appeal. Once correspondence has been sent, it is deemed to have been received.

Student Information

Please refer to FLD (Local) policy for details on the student appeal process.

Name:		Student ID #:	
Address:	City/State/Zip:		
Phone #:	Program:	Semester & Year:	
COM or Designated Email:			
Initial Complaint Information			
Name of the individual and/or department against whom the complaint was filed:			
If you have received any documents from the College regarding the decision, please attach copies.			
Please briefly state the decision that you are appealing. With whom was the initial complaint filed? How was it			
resolved? (Please attach a separate page with a full explanation.)			



Please provide a brief statement as to why you feel a review of the deseparate page supporting documents to further describe your decision	•
What is the desired outcome? (Please use a separate page if space is	s not sufficient.)
Students have the right to consult with any individual(s) of their choos about their appeal including attendance at any proceedings.	ing in preparation for and when making decisions
I hereby declare that the information on this form is true, correct and	d complete to the best of my knowledge.
Student Signature	 Date (dd/mm/yy)