

Instructional Appeal Form

STUDENT NAME: _____ P#: _____

STUDENT ADDRESS: _____

PHONE #: _____ CELL #: _____ EMAIL: _____

INSTRUCTOR: _____ SEMESTER: _____ DATE: _____

COURSE NAME/SECTION: _____ FORMAT (CIRCLE ONE): TRADITIONAL | PEN | ONLINE

NATURE OF APPEAL: _____

SUPPORTING INFORMATION (USE OTHER SHEETS AS NEEDED): _____

ACTION REQUESTED: _____

DECISION AND REASONS

This form should be used by any student wishing to appeal the decision rendered as a result of an instructional complaint.

Upon final disposition, copies of the completed form will be distributed to the student initiating the complaint, the instructor, the instructor's supervisor and the curriculum dean. An official copy will be on permanent file in the office of the Vice President for Academic Affairs.

- Student Copy
- Instructor Copy
- Supervisor Copy
- Dean Copy
- Permanent File in Office of Vice President for Academic Affairs