

Academic Appeals Form

_____ First Name	_____ Last Name	_____ LoLA Number
_____ CRN Number	_____ Course Prefix	_____ Course Number
_____ Campus	_____ Major	_____ Semester

Level 1: Instructor Review

I have discussed this appeal with the student and have reached the following determination after full consideration (please type and attach any additional comments to this form):

- The original grade or suspension is fair, accurate, and final.
- An error may have occurred and I recommend a change from _____ to _____ and I will submit a Grade Change Form to Student Affairs.

_____ Instructor Signature	_____ Date
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Level 2: Dean of Campus Administration Review

I have reviewed this appeal and make the following determination (please type and attach any additional comments to this form):

- I concur with the findings of the Instructor.
- I disagree with the findings of the Instructor.

_____ Dean of Campus Administration Signature	_____ Date
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Level 3: Divisional Dean Review

I have reviewed this appeal and make the following determination (please type and attach any additional comments to this form):

- I concur with the findings of the Instructor.
- I disagree with the findings of the Instructor.

_____ Divisional Dean Signature	_____ Date
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Level 4: Academic Affairs Committee Review & Hearing

We have reviewed and investigated this appeal request and the above steps taken to seek resolution. The request for appeal has been (please type and attach any additional comments to this form):

- Approved Denied

_____ Academic Affairs Committee Chair Signature	_____ Date
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