



## Academic Appeal Form

This form should be completed by the student only after meeting with the instructor and Director of Instruction when the grievance is still unresolved. This form should be returned to the Director of Instruction who will review it and forward it to the Vice President of Instructional Services (Oakwood, Jackson County, and Winder-Barrow Campuses) or the Vice President of Campus Operations (Forsyth Campus). The student will be notified of the hearing date within two weeks.

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Program: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Describe your academic grievance in detail. Include the course name, course number, instructor's name, and the quarter you are/were taking the course. Continue on the back of this form or a separate sheet of paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date discussed grade in question with instructor: \_\_\_\_\_

Date discussed grade in question with Director of Instruction: \_\_\_\_\_

What specific outcome do you want from this appeal?:

- Grade adjusted Yes \_\_\_\_\_ No \_\_\_\_\_
- Lodge a complaint about an academic policy/procedure Yes \_\_\_\_\_ No \_\_\_\_\_

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### To Be Completed by Director of Instruction/Campus Operations

Date Appeal Form received: \_\_\_\_\_ Signature: \_\_\_\_\_

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### To Be Completed by Chair of Academic Appeals Committee

Date Appeal Form received: \_\_\_\_\_ Scheduled date of hearing: \_\_\_\_\_

How was student notified of hearing date: \_\_\_\_\_

Hearing decision of Academic Appeals Committee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Date hearing decision reviewed by VP: \_\_\_\_\_ VP Signature: \_\_\_\_\_

Date Student/Faculty Member notified: \_\_\_\_\_