

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
-------------------------------	---------------

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
--	---------------

Level 3: Academic Affairs Committee Review & Hearing

The Committee's final decision including recommendations is recorded in the Committee Minutes.