

Student Appeals Form

Students who wish to appeal a decision made by the College must complete this Student Appeals Form within the time frame stated in the "Appeals & Grievances" policy listed in the College Catalog. Students must describe, in details, the college policy or grade in which they are requesting consideration or exemption for appeal and provide any supporting documentation. A written response will be given to the student within ten (10) calendar days from the date of submission. Please refer to the College Catalog for additional information on the appeals process.

| Student Name (print): | | Student ID #: Program: | | | | |
|--|-------------|------------------------------------|-------------------------|------------------|--|--|
| E-mail Address: | Camp | Campus / Location: | | | | |
| Telephone: | | Program Start Date / Cohort: | | Date of Appeals: | | |
| REASON FOR APPEAL: | | | | | | |
| Policy/Catalog Exemption Attendance/Termina | tion | on 🗆 Grades 🗆 Other: | | | | |
| For grading and attendance related issues, student must first contact their instructor. Please include any documentation of instructor contact regarding this issue with this appeal form. | | | | | | |
| LEVEL OF APPEAL: | | | | | | |
| Level 2 – Formal Appeal Level 3 – For Level 3 Appeals – The Campus Grievance and Appeal Committee Hearing form wil | - | us Appeal Hearing* | | – Final Appeal* | | |
| * For Level 3 Appeals - All decisions made by the National Academic Dean are final, and a | a Level 4 a | opeal is the last step in the appe | als process provided by | the College. | | |
| Please provide a brief description of the reason for appeal and why you wish to appeal: | | | | | | |
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| Please explain the changes in your circumstance(s) that | will all | ow you to succeed i | in your program | n: | | |
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| Please describe the desired outcome of your appeal: | | | | | | |
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Student Appeals Form Unitek Learning 2023

| n be attached to this form if needed: | | |
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| ident Signature: | | Date: |
| *Once completed and signed, please submit this appeals request and a | ny supporting documentation to you | r Program Director/Academic Dean.* |
| CAMPUS | USE ONLY: | |
| CATIL 05 | Notification sent to student on/by: | |

| Program Director / Campus Dean Signature: | Date: |
|--|-------|
| Regional Dean / National Dean Signature: | Date: |
| Chief Academic Officer/National Dean of Allied Health Signature: | Date: |
| Academic Comments: | |
| Student Annuals France | 2 |