



**Student Academic Appeal Form**

Student Name:  Date:

Chowan Email:  Phone:

Faculty Advisor:

Course Number:  Course Title:

Instructor:  Term/Year

This appeal is in regard to (check one):

- Classroom Misconduct
- Excessive Absences
- Graduation Requirements
- Transfer Credits
- Final Grade
- Failure to Complete Work
- Other:

Nature of the Complaint (attach any evidence you may have to support your appeal):

**(Lines of text box holds 150 characters. When typing fillable form, stop at box margin.)**

**Student Signature**

**Date**

**Instructions:**

- |   |  |
|---|--|
| 1 | Student must submit form to Department Chair. The Chair will provide student with a written response.  |
| 2 | If not satisfied with response, student must submit form and Chair's response to the Dean. The Dean will provide student with a written response.                |
| 3 | If not satisfied with response, student must submit Request for an Appeals Committee form along with this form and responses from Chair and Dean to the Provost. |