

Request for Appeal

Reason for Appeal: Attendance Final Grade Other _____

Name: _____ Student ID #: _____

Mailing Address: _____ Phone #: (____) _____

Alternative E-mail (if no current CGTC address available) _____

Course Name/Number: _____ Academic Term: _____

APPEAL PROCEDURES

The appeal process is established to provide students the opportunity to substantiate a concern regarding an academic decision rendered on behalf of the college. A student may file an appeal for attendance, academic suspension, or a grade if extenuating circumstances exist. The appeal and supporting documentation must present a clear connection between the extenuating circumstance and the appeal decision. All supporting documentation from third parties must be included with the appeal.

♦THE APPEAL SHOULD BE FILED IN WRITING WITHIN ONE SEMESTER FROM THE DATE THE DISPUTED GRADE OR OTHER ACTION COMPLAINED OF OCCURRED.
♦YOUR APPEAL MUST BE FILED WITHIN THE SPECIFIED DEADLINE AND INCLUDE THE REQUESTED INFORMATION ON THIS FORM ALONG WITH ALL SUPPORTING DOCUMENTATION.
♦THE COLLEGE RESERVES THE RIGHT TO REFUSE CONSIDERATION OF INCOMPLETE APPEALS OR APPEALS INITIATED MORE THAN ONE CALENDAR YEAR FOLLOWING THE DISPUTED ISSUE.

Documentation may include, but is not limited to, one or more of the following items

- A written statement by or a copy of a bill for services rendered by a medical or mental health professional, describing the dates and services provided.
- A written statement from your academic advisor or a credible professional, such as a medical or mental health professional or member of the clergy or other college official, detailing the impact that this illness/emergency had on your academic performance.
- A statement or legal document of the occurrence such as a police report, divorce documents, insurance damage reports for natural disasters, and bills for services related to the emergency, an obituary, etc.
- For excused absences, documented military leave or jury duty to return to class.

Completed form & documentation should be directed to The Office of Academic Affairs	
Fax: (478) 757-3534	
E-mail: AcademicAffairs@centralgatech.edu	
Completed documentation and forms can be delivered to the following CGTC locations	
Warner Robins Campus – A138 - Academic Affairs	Macon Campus – A103 (Assistant VP)
Milledgeville Campus – H101 (Associate Dean)	Hawkinsville Center – Director’s Office
Putnam, Monroe, Crawford Centers – Director Office	

APPEAL LEVEL: 1ST (DEAN) 2ND (AVPAA) FINAL (VPAA)

Please print. Attach additional sheet(s) if needed.

Describe your situation/circumstances and how they affected you/your academic record. Indicate dates and time periods involved, as well as specific course(s) and instructor(s) and grade received, if you are appealing a specific course grade.

Explain how you have improved or intend to improve in the areas for which you need to make an appeal.

Describe the action that you wish the College to take regarding your appeal.

I declare that the information on this form and all supporting documentation is true, correct, and complete to the best of my knowledge and belief.

Student Signature: _____ **Date:** _____

NOTE: A decision on your appeal will be rendered within twenty (20) business days from the date it is received to this office. *Communication of the results of the appeal will be sent to your assigned CGTC student e-mail account or alternative e-mail indicated above.

-----**FOR OFFICE USE ONLY**-----

<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/ conditions	<input type="checkbox"/> Need add'l info	<input type="checkbox"/> Denied
Signature:		Date student notified via e-mail:	