

Request for Appeal

Reason for Appeal:	Attendance	Final Grade	Other	
Name:		Stuc	dent ID #:	
Mailing Address:			Phone #: ()	
Alternative E-mail (if no	current CGTC addres	ss available)		
Course Name/Number:		Aca	ademic 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: <u>AcademicAffairs@centralgatech.edu</u>					
Completed documentation and forms can be delivered to the following CGTC locations					
Macon Campus – A103 (Assistant VP)					
Hawkinsville Center – Director's Office					
Putnam, Monroe, Crawford Centers – Director Office					
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APPEAL LEVEL: 🗌] $1st(DEAN)$	igcht] 2ND $(AVPAA)$ $igchic$	FINAL (VPAA)
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Please print. Attach ad	ditional sheet(s) if needed.					
	circumstances and how they affected yoed, as well as specific course(s) and instructed grade.					
Explain how you have im	nproved or intend to improve in the area	as f	for which you need to mak	e an appeal.		
Describe the action that	you wish the College to take regarding y	yοι	ur 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:						
received to this office. *student e-mail account	ur appeal will be rendered within twent *Communication of the results of the ap or alternative e-mail indicated above. FOR OFFICE USE ONLY	рре	eal will be sent to your ass	signed CGTC		
() Approved	() Approved w/ conditions		() Need add'l info	() Denied		
Signature:	<u> </u>	\prod_{i}	Date student notified via	e-mail:		