 **East Texas Baptist University**

 **Academic Appeal Form**

This Academic Appeal Form is completed by the student and given to the Dean of the school of their major to start the formal appeal process. It is the student’s decision whether to continue an appeal. If the appeal is continued, it is the student’s responsibility to provide a copy of this form and all documentation to the next level of appeal.

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Printed Name of Student Filing Appeal Today’s Date

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 Signature of Student Filing Appeal Student Phone Number

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 Student Mailing Address Student E-mail Address

**ATTEMPTS MADE TO RESOLVE THE ISSUE:**

⬜ Level 1-Appeal to Academic School Dean

⬜ Level 2-Appeal to Vice President of Academic Affairs: Provide date student met with the Dean of the school of major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPLANATION OF WHAT ACADEMIC POLICY/PROCEDURE IS BEING APPEALED AND WHY THE STUDENT FEELS AN EXCEPTION TO THE POLICY SHOULD BE MADE:**Please provide this explanation in an attachment.

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FOR ADMINISTRATIVE USE ONLY

**LEVEL 1 APPEAL:** Date recorded in school log: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recorded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report of Action Taken by Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of Academic School Dean Date Copy of Form Sent to Student

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Appropriate Fac/Staff Notified

***A copy of this form should be returned to the student with the original maintained in the Academic School Dean’s office. Documentation may be returned to the student if the appeal process is continuing.***

**LEVEL 2 APPEAL:** Date recorded in VPAA log: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recorded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report of Action Taken by VPAA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of VPAA Date Copy of Form Sent to Student

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 Date Appropriate Fac/Staff Notified

***A copy of this form should be returned to the student with the original maintained in the VPAA’s office along with the supporting documentation.***