



# Student Academic Appeal

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Tech ID\*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**You will be notified of the results of your academic appeal via your college e-mail. If you do not have a college e-mail account, please provide an alternative e-mail address.**

Major/Program of study: \_\_\_\_\_ Advisor: \_\_\_\_\_

What are you appealing:

\_\_\_ Academic Suspension

\_\_\_ Class drop

\_\_\_ Other (Please specify)

Why should the Academic Appeal Committee approve your appeal? *(Provide specific information and supporting documentation if appropriate. Attach additional pages if necessary):*

Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_

..... *For Office Use Only* .....

*Appeal Committee Use Only*

Committee Action: ( ) Approve ( ) Deny

Comments: \_\_\_\_\_

Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

\* Northwest Technical College is asking you to provide information that includes private information under the Minnesota Government Data Practices Act (MGDPA). Northwest Technical College is requesting this information to be able to correctly identify your records. You are not legally required to provide the information Northwest Technical College is requesting and may refuse to provide it. Only the Registrar (or designee) will receive and use this completed form.

<u>The most current documentation is electronic, therefore please discard printed copy after 24 hours.</u>			Print Date: 08/19/10 11:07 AM
Document Number:3320-4-01	Rev. August 2010	Page 1 of 1	Level # 4
Title: Learner Academic Appeal Form			Implementation Date: