



Student Appeals Intake Form

Date: ____/____/____

Student ID#: _____

Print Name: _____

Phone Number: (____) ____ - _____

Year Appealing: _____

Select Semester Appealing: Fall Winter Spring Summer

REQUEST: PLEASE PRINT YOUR EXACT REQUEST IN THIS BOX. INCLUDE THE COURSE TITLE, NUMBER, AND WHAT ACTIONS YOU WISH TO TAKE PLACE WITH THIS COURSE.

APPEAL: PLEASE ATTACH A STATEMENT OR USE THE SPACE BELOW TO DESCRIBE THE REASON YOU ARE REQUESTING AN APPEAL OR WHY YOU FEEL AN APPEAL SHOULD BE GRANTED. INCLUDE ANY EXTENUATING CIRCUMSTANCES AND SUPPORTING DOCUMENTATION.

DESCRIBE THE ATTEMPTS YOU HAVE MADE TO RESOLVE THIS MATTER: (Attach documentation of attempt)

Signature: _____ Date: _____

By typing my name above, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

Three Rivers College is an equal opportunity institution that commits itself to the policy that there will be no unlawful discrimination against any person because of race, color, gender, sexual orientation, religion, age, disability, or national origin.

