**COLLEGE OF EDUCATION**

**APPEAL FORM**

The COE has an appeals process in place to help students and faculty resolve academic issues. This process endeavors to protect both faculty and students by assuring a process that allows dialogue at each step. In general, students who wish to appeal must first discuss the problem with their instructor or advisor. While the initial appeal may be informal such as a conversation between the faculty/staff member and the student, if the situation is not resolved, the formal appeals process is initiated. The appeals process is student driven, so students may decide at each stage if they wish to go to the next stage. The following links outline the appeals process for all academic matters and other concerns:

<http://www.valdosta.edu/colleges/education/deans-office/appeals-process/welcome.php>

Please note that meetings may occur face-to-face or via telephone or other electronic media. Original or electronic signatures are accepted.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle initial

Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (street, city zip) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # (at permanent address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Local Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

VSU Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ valdosta.edu

Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appeal request for:

\_\_\_\_\_\_\_\_ Admission to Teacher Education based on GPA and/or GACE scores

\_\_\_\_\_\_\_\_ Acceptance for Student Teaching

\_\_\_\_\_\_\_\_ Program Dismissal

\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Write a letter explaining the rationale of your appeal, and attach the letter to this appeal form.
2. Attach documentation to support your appeal. Documentation for each stage of the appeal must be attached. Examples of requested documentation include:
	* Copies of communication with appropriate instructors, advisors, department head, appeals committees, deans, etc.
	* A copy of your transcript.
	* Medical documentation if needed to support your request.
	* Letter of documentation from Access Office if applicable.
	* Documentation of required test scores
	* Copy of any concern form
3. This appeal form and all supporting documentation should be submitted as directed in the appropriate appeals process (see link above).

**Instructor/Staff Member Section** (to be completed within 10 instructional days of receipt, if not, the student can move their appeal to the next level)

This section is only required for matters that concern an individual instructor/staff member. It is not required for program level appeals.

The instructor/staff member should review the materials submitted by the student, meet with the student, and then complete this section.

Date form received by Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructor/Staff Member Decision/Comments (**attach additional sheets if needed):

**Notice of decision sent to student: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notified by: \_\_\_\_\_\_\_\_\_ Email**

 **\_\_\_\_\_\_\_\_\_\_ Mailed Notification to Permanent Address**

 **\_\_\_\_\_\_\_\_\_\_ In Person**

**Approved \_\_\_\_\_\_\_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor/Staff Member Signature Date of Meeting with Student**

**Does the student wish to continue the appeal? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_**

If the student decides to continue the appeal, this form and materials submitted by the student and the instructor/staff member will be forwarded by the instructor/staff member to the department head. The student must initiate this process within 10 instructional days after notification of the decision.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature**

**Department Head Section** (to be completed within 10 instructional days of receipt, if not, the student can move their appeal to the next level)

Department Head should review the student’s case for appeal as well as the instructor’s comments, meeting with both the instructor/staff member and the student as needed.

Date received by Department Head \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Head Decision/Comments (**attach additional sheets if needed)**:**

**Notice of decision sent to student: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notified by: \_\_\_\_\_\_\_\_\_ Email**

 **\_\_\_\_\_\_\_\_\_\_ Mailed Notification to Permanent Address**

 **\_\_\_\_\_\_\_\_\_\_In Person**

**Approved \_\_\_\_\_\_\_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Head Signature Date of Meeting with Student**

**Does the student wish to continue the appeal? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_**

If the student decides to continue with the appeal, this form and materials submitted by the student and the instructor/staff member will be forwarded by the department head to the dean. The student must initiate this process within 10 instructional days after notification of the decision.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature**

**COE Dean’s Office Section** (to be completed within 10 instructional days of receipt, if not, the student can move their appeal to the next level)

Depending on the nature of the concern, some appeals may be remanded to the Undergraduate and Initial Teacher Preparation Appeals Committee or the Graduate and Advanced Educator Preparation Program Appeals Committee for recommendation. The student will be notified of appeals committee meeting dates and times--students may be given the opportunity to appear before these committees.

Date received by the Dean’s Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dean/ COE Appeals Committee Decision/Comments (**attach additional sheets if needed)**:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COE Dean Signature**

**Approved \_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_ Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notice of decision sent to student: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notified by: \_\_\_\_\_\_\_\_\_ Email**

 **\_\_\_\_\_\_\_\_\_ Mailed Notification to Permanent Address**

 **\_\_\_\_\_\_\_\_\_\_ In Person**

**If requested by student, date of meeting if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the student wish to continue the appeal? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_**

If the student decides to continue with the appeal, this form and materials submitted by the student, instructor/staff member (if appropriate), and department head will be forwarded by the dean to the Vice President for Academic Affairs (in the case of graduate students, appeals are next forwarded to the Dean of the Graduate School). The student must initiate this process within 10 instructional days after notification of the decision.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature**

**FOR GRADUATE STUDENTS ONLY**

**Graduate Dean Section** (to be completed within 10 instructional days of receipt, if not, the student can move their appeal to the next level; for appeals in the summer, please consult with the Graduate Dean)

The Graduate Dean should review the materials submitted by the student, the instructor, the department head, and the dean, meeting with the instructor/staff member, department head, and dean as needed and with the student.

Date received by the Graduate School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Graduate Dean Comments (**attach additional sheets if needed)**:**

**Approved \_\_\_\_\_\_\_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Graduate Dean Signature**

**Notice of decision sent to student: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notified by: \_\_\_\_\_\_\_\_\_ Email**

 **\_\_\_\_\_\_\_\_\_ Mailed Notification to Permanent Address**

 **\_\_\_\_\_\_\_\_\_\_ In Person**

**If requested by student, date of meeting if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the student wish to continue the appeal? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_**

If the student decides to continue with the appeal, this form and materials submitted by the student, instructor/staff member (if appropriate), department head, and deans will be forwarded by the dean to the Vice President for Academic Affairs. The student must initiate this process within 10 instructional days after notification of the decision.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature**

**Vice President for Academic Affairs Section**

**Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Vice President Date**

 **Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Notice of decision sent to student: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notified by: \_\_\_\_\_\_\_\_\_ Email**

 **\_\_\_\_\_\_\_\_\_ Mailed Notification to Permanent Address**

 **\_\_\_\_\_\_\_\_\_\_ In Person**

**If requested by student, date of meeting if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**