External Appeals Form

Please direct this Form to the Campus Officer

This side is to be used by the person who wishes to appeal a decision made by the College.

First Name __________________________________________ Last Name

Student ☐ Staff ☐ Agent ☐ Other ☐

Summary of Concern

______________________________________________________________________________________
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This is a true and accurate record of my appeal.

______________________________  ____ : _____ : 20 __
Signature

This form should be given to the Campus Officer for action.

______________________________  ____ : _____ : 20 __
Signature of person receiving form

A response must be communicated within 10 working days of receipt