

**This form may be delivered in a sealed envelope to the ACTS Academic Director's Office or to the ACTS Reception Desk.**

**Contact Information:**

Name:	Student ID:	Date: (YYYY/MM/DD)
Email:		Phone #:
Degree Program:		Expected Graduation Year:

**Appeal Information**

I am appealing a(n) <input type="checkbox"/> Assignment or Course Grade <input type="checkbox"/> Transfer Credit Decision <input type="checkbox"/> Academic Disciplinary Action		
Course Number & Name	Professor Name	Term (FA/SU/SP & Year)
Description of Action Being Appealed:		
Have you spoken with your professor about this matter? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Rationale for Appeal (Please attach any supporting documentation and/or additional pages):		

**Office Use Only**

Received by: _____	Date: _____
Action Taken: _____	Date: _____