



Student Complaint Appeal Form

Please submit this form and the **Student Complaint Form** via e-mail attachment to the Dean, Clemmer College of Education (head, professional education unit) for review. You must submit your appeal within ten working days from the date of the decision you are appealing. **Please retain a copy of this complaint form for your records.**

Your Name (Last, First, Middle)	Student ID#
Address: (Street/City/State/Zip)	
E-mail address:	Area Code, Cell Phone #
Area Code, Home Phone #:	Area Code, Work Phone #

Date Appeal Submitted:

Reason for Appeal:

Administrative Response

The Dean, Clemmer College of Education will complete this portion of the form and send the entire form via e-mail attachment to the student. The Dean will retain a copy of the completed complaint and response form.

Decision:

Date: