

A-B Technical Community College
STUDENT APPEALS FORM

Student Name: _____ Student ID#: _____

Phone #: _____ Date Submitted: _____

Students have within six weeks from the date when the problem occurred to complete this form and submit to the Vice President of Student Services in the Bailey Building.

1. SUMMARY OF THE PROBLEM

2. REQUESTED RESOLUTION OF PROBLEM

3. ACTIONS

I have counseled this student concerning this problem and other parties involved. I have been unable to resolve the matter. (You may include a statement below your name indicating why you are unable to support the student's position).

Employee _____
Print Name *Signature* *Date*

Location and Ext. No. _____

Supervisor _____
Print Name *Signature* *Date*

Location and Ext. No. _____

4. REQUEST FOR HEARING

I, _____, formally request that the Student Appeals Committee convene to review a matter, which I feel affects my progress at Asheville-Buncombe Technical Community College. I have discussed this problem with each person identified above; he or she has been unsuccessful in resolving the matter to my satisfaction.

Signature *Date*

5. HEARING

I have counseled this student concerning this matter and with the other parties involved. The parties listed above have counseled this student and other parties involved and have been unsuccessful in resolving the matter. I hereby refer this matter to the Student Appeals Committee.

Print Name *Signature* *Date*
Vice President, Student Services