

Stephen F. Austin State University
James I. Perkins College of Education

Academic Appeal Form: Academic Decisions

Student Name: _____ Campus ID #: _____

Phone: _____ SFA Email: _____

Major: _____ Current GPA: _____

Reason for appeal: _____

Course (*if applicable*): _____ Instructor: _____ Semester: _____

**In order to further appeal/dispute an Academic Decision, all steps below must be completed in the order listed.
Please read the appeal policy for deadlines and important information before proceeding with the appeal process.**

1. Appeal to the Instructor:

Instructor: _____ Appeal Date: _____ Approved/Denied

Recommendation from Instructor: _____

Instructor Signature: _____ *Date:* _____

2. If not satisfied with Instructor's recommendation, you may appeal to the Departmental Chair/School Director:

Departmental Chair: _____ Appeal Date: _____ Approved/Denied

Recommendation of Departmental Chair: _____

Departmental Chair/School Director Signature: _____ *Date:* _____

