

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:* _____

