**Academic Complaint Appeal Form**

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| **Date & Time of Meeting:** |  |
| **Student Name & ctcLink ID:** |  |
| **Instructor’s Name:** |  |
| **Class Name, Number, & Term:** |  |
| **Please Describe Your Academic Complaint:** |  |
| **What is the solution you are seeking?** |  |
| **What was the outcome of the meeting with your instructor?** |  |
| **Any additional information that would be helpful.** |  |

Decision from Division Chair Meeting:

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Division Chair printed name and signature Date

Student Acknowledges participation in this meeting and receipt of the form. Signature does not indicate agreement with the contents of the form.

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Student printed name and signature Date