

**TEACHER EDUCATION STUDENT APPEALS ACTION FORM
UNDERGRADUATE STUDENTS ONLY**

(To be initiated by the student)

Name _____ Student ID# _____

Local Address _____ City _____ State/Zip _____

Local phone/email _____ Major _____

Signature _____ Date _____

DECISION BEING APPEALED: State ruling to which exception is desired. All relevant forms and documentation must accompany action form.

RATIONALE FOR APPEAL: State reason for why the ruling cited above should be overturned.

The following signatures should be obtained prior to filing the Student Appeals Action Form.
STUDENT'S ADVISOR:

Signature* _____ Print name _____

STUDENT'S DEPARTMENT CHAIRPERSON:

Signature* _____ Print name _____

ASSOCIATE DEAN OF EDUCATION:

Signature* _____ Print name _____

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The following should be completed after the decision on the appeal.

DEAN OF EDUCATION: Recommendation: _____ Approval of appeal _____ Denial of appeal

Signature* _____ Print name _____

ASSOCIATE PROVOST:

Signature* _____ Print name _____

(*Please note: Your signature indicates your awareness of the filing of the appeal only.)

**STUDENT DISPOSITIONS CONFERENCE
MINUTES**

Student's name: _____ **Conference date:** _____

Faculty member: _____

Disposition of concern:

Student's reason for the behavior:

Action plan for student/Proposed action to be taken:

Student's signature* _____
Faculty signature

***Student's signature acknowledges receipt of a copy of this document only.**

Cc: ☐ **Student's advisor**
 ☐ **Department chair**
 ☐ **Director of Teacher Education (as appropriate)**

Dept. review outcome (if applicable):

Date of review:

Recommendation to Associate Dean (if applicable):

Copies: White-Student's Advisor; Pink-Student; Gold-Department Chair; Green-Director of Teacher Education