



Academic Appeal

This form allows students to request a reconsideration on any decisions regarding admission, grades, probation, suspension for conduct or interpretation of any institution policy. An appeal fee of \$50 and a letter of a proposed resolution must be submitted with this form. The \$50 appeal fee will be refunded to the student if the appeal is successful. Please visit the Student Appeal Procedure in the OCTCM Academic Catalogue & Student Handbook for complete details.

First Name:		Last Name:	
Date of occurrence		Date of appeal	
Referred Situation: <i>(Include date of occurrence, faculty, staff or students involved, description of the situation and any previous efforts to resolve it. Attach another sheet if necessary)</i>			
Reason for Academic Appeal: <i>(attach another sheet if necessary)</i>			
Proposed solution: <i>(attach another sheet if necessary)</i>			

Please submit this completed form to the Academic Dean except where it is necessary to submit to the Office of the President.

Academic Appeal Waiver

I, the undersigned acknowledge that:

1. I understand the Academic Standards regarding student appeal procedure as outlined in the OCTCM Academic Catalogue & Student Handbook.
2. I understand that I am responsible for any outstanding balance owed to OCTCM.

Signature of Student

Date

OCTCM Use Only:

Date Received: <i>(yyyy/mm/dd)</i>	Staff Signature:
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