CAMBRIDGE
COLLEGE OF HEALTHCARE & TECHNOLOGY

Academic Appeal Request

Student Name: _____ Student ID: _____
LAST *FIRST* *MIDDLE*

Program: _____

Date of incident/decision/notification: _____

Supporting documentation attached:

- ☐ Medical Records
- ☐ Court Records
- ☐ Attendance Records
- ☐ Witness Statements
- ☐ Written communication records such as text messages, emails, etc.
- ☐ Documentation of Extenuating Circumstances
- ☐ Documentation Related to the Incident or Disciplinary Action
- ☐ No Supporting Documentation – note that supporting documentation is **required**
- ☐ Other: _____

Statement of Appeal:
Please explain the basis for your appeal. Describe what occurred, identify the decision, action, or policy involved, and explain why you believe the decision should be reconsidered. Clearly state the resolution or outcome you are requesting. Attach additional pages and supporting documentation, if necessary.

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I understand that there is no guarantee my appeal will be approved. I will be notified by email once my appeal has been reviewed and a decision is made.

_____ _____
Student's Signature (Required) **Date**