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

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