

AP 3-403 – ACADEMIC APPEAL FORM

Section 1

Student's Name:		
Parent/Guardian Name:		
Address:		
Postal Code:	Date of Appeal:	
School:	Grade:	Course:

Section 2 – Outlining the Academic Concern and Initial Decision (Attach additional pages if required)

1.	Describe the academic concern pre	esented by the parent or guardian. Identify	the reason for making the appeal.	
2.	Describe the decision that was made	de by teacher.		
3.	Describe why the parent or guardia	an believes that the teacher's decision was	inadequate. Also identify the resolution	
	suggested by the parent or guardia			
	Administrator	Teacher	Student	
Please attach all relevant information and/or forms related to this appeal.				

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Section 3 – Resolution Suggested by School Ad	ministration	
This academic appeal was presented to the Scho	ol Administration on	
Upon review of the academic concern presented administration.	d, the following resolution was suggested b	y the school
Principal's Name (please print)	Principal's Signature	Date
Principal's Name (please print)	Principal's Signature	Date
Section 4 – Resolution Suggested by the Super	intendent	
	intendent	
Section 4 – Resolution Suggested by the Super	intendent rintendent on	
Section 4 – Resolution Suggested by the Super This academic appeal was presented to the Supe	intendent rintendent on	
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Superintendent's Name (please print)

Superintendent's Signature

Date

Reviewed: January 2018

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