



COURSE REPEAT APPEAL FORM

Student:

Cell phone:

ID:

Email address:

Home address:

In order to appeal the College's Course Repeat Policy, complete the following steps and forms **at least two weeks prior to the beginning of the term.**

1. Complete this APPEAL FORM indicating the faculty member you will seek feedback from.
2. Complete a LETTER OF APPEAL by following the template provided below. *The letter must be typewritten; handwritten letters will not be accepted.*
3. **Have the most recent faculty member you had for this course,** complete a Course Repeat APPEAL FACULTY FEEDBACK FORM (available below). The student will send the form to the selected faculty member; the faculty member will submit the form to the Dean of Academic Affairs (Bridgette.Heard@LincolnCollege.edu).
 - Please list the MOST RECENT faculty member you had for the course who will be completing the recommendation form:

4. Submit this Appeal Form and the Letter of Appeal via email to the Dean of Academic Affairs (Bridgette.Heard@LincolnCollege.edu).
5. The Dean of Academic Affairs, along with the appropriate Division Chair and Lead Faculty member will review your appeal **at least one week prior to the start of the term.**
6. You will be notified via email by the Dean of Academic Affairs regarding the decision **at least one week prior to the start of the term.**

TEMPLATE FOR LETTER OF APPEAL

DATE

Dean Heard
Lincoln College
300 Keokuk Street
Lincoln, IL 62656

Dear _____ :

Paragraph 1: Explain in detail the **compelling** circumstances that led to EACH of your unsuccessful attempts in completing the course.
Examples of compelling circumstances could include medical issues, death in the family, social adjustment issues.

Paragraph 2: Provide assurance that you can overcome the circumstances/difficulties outlined in your first paragraph.

Paragraph 3: Describe in detail your plan-of-action to achieve academic success in this final attempt of the course.

Sincerely,

Student's name
Student's address
Student's cell phone & email address



COURSE REPEAT APPEAL FACULTY FEEDBACK FORM

COURSE: _____

Student _____ Date _____

Please rate the student on the following scale with 1 indicating the lowest score and 5 indicating the highest score.

						COMMENTS
Class attendance	1	2	3	4	5	
Completion of assigned work	1	2	3	4	5	
Demonstrated attitude toward success in this course	1	2	3	4	5	
Demonstrated a respectful attitude	1	2	3	4	5	
Ability to pass the course	1	2	3	4	5	

Please list the primary barriers you have witnessed to this student's academic success in this course.

Other comments related to the appeal process, e.g., student strengths, other concerns or suggestions.

Faculty Signature

Date

Faculty member: Please submit this form to the Dean of Academic Affairs; please do not return to the student.