



SOUTHWESTERN ADVENTIST UNIVERSITY

Student Appeal Form

Student Information	
Student Name (Last, First, MI):	
Address:	City/State/Zip:
Student ID#:	Semester & Year:
Home Phone Number:	Work Phone Number:
Mobile Phone Number:	SWAU Email Address:

Initial Concern/Complaint Form
Name of department and/or individual against whom the concern/complaint was filed:
With whom was the initial concern/complaint filed? How was it resolved? Describe any additional issues that should be addressed (attach additional sheets, if necessary).
What is the desired outcome after discussion with the appropriate university official (attach additional sheets, if necessary)?

I declare that it has been no more than 10 business days since the receipt of a written lower level response or the expiration of the response deadline and hereby request a Level 2 3 appeal. I understand that the proper administrator will hold a conference within 10 business days after this appeal notice is filed, and the conference will be limited to the issues that I presented at the previous level and any other issues presented in this document. I understand that the administrator may set reasonable time limits for the conference and will provide me with a written response within 10 business days following the conference setting forth the basis of the decision.

I hereby declare that the information on this form is true, correct and complete to the best of my knowledge. I understand that any misrepresentation of information may result in disciplinary actions, in accordance with college policies and regulations.

Student Signature _____ **Date** _____