ACADEMIC APPEAL FORM

CONNORS STATE COLLEGE
Building Futures One At A Time Since 1908

(all information on this form MUST be typed)

NAME	**STUDENT ID#** (REQUIRED)
ADDRESS (must be your correct mailing address)	**PHONE #**

Please check all that apply:

- ☐ academic appeal
- ☐ financial aid appeal
- ☐ balance appeal
- ☐ other
- ☐ both **(all appeals must be explained below)**

SEMESTER(S) INCLUDED IN THIS APPEAL (REQUIRED)
(i.e. -Spring 2013-BE SPECIFIC):

APPEAL EXPLANATION (must be typed, please be specific, give details and attach any supporting documents):

Signature:

Please print and mail this form with supporting documents to: Connors State College, 700 College Road, Warner, OK 74469
Please write the following on the lower corner: Attention Appeals Committee, RM#201, M. Hicks