Student Request to Appeal to the Student Performance Review Committee (SPRC)

Name:	Student ID #:
Department:	
Address:	
	Email:
What is the purpose of your re	equest to meet with the SPRC?
• •	ch my academic, clinical, or professional performance has been graded or failing to meet school/program standards
whether you are appealing an	the reason you are requesting this review. Please be specific as to academic, clinical, or professional performance and provide detail peal. Please attach additional pages as necessary.
	ou have taken to attempt to resolve this matter with the instructor of nt Chairperson. Please attach additional pages as necessary.
Signature:	Date:

Submit this form to the Chair of the SPRC within 10 days of a failure to resolve the matter at the Department level. Every effort will be made to address the matter in a timely fashion, but the SPRC may need to contact you and/or other parties to obtain further information. Please contact the Chair of the SPRC with any questions about this process.