

Student Appeals Intake Form Date: ____/____ Student ID#: _____ Phone Number: (_____ - ____ -Year Appealing: _ ____ Select Semester Appealing: ☐ Fall ☐Winter ☐Spring ☐Summer REQUEST: PLEASE PRINT YOUR EXACT REQUEST IN THIS BOX. INCLUDE THE COURSE TITLE, NUMBER, AND WHAT ACTIONS YOU WISH TO TAKE PLACE WITH THIS COURSE. APPEAL: PLEASE ATTACH A STATEMENT OR USE THE SPACE BELOW TO DESCRIBE THE REASON YOU ARE REQUESTING AN AP-PEAL OR WHY YOU FEEL AN APPEAL SHOULD BE GRANTED. INCLUDE ANY EXTENUATING CIRCUMSTANCES AND SUPPORTING DOCUMENTATION. DESCRIBE THE ATTEMPTS YOU HAVE MADE TO RESOLVE THIS MATTER: (Attach documentation of attempt) Signature:

By typing my name above, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

Three Rivers College is an equal opportunity institution that commits itself to the policy that there will be no unlawful discrimination against any person because of race, color, gender, sexual orientation, religion, age, disability, or national origin.

Return to the Office of Student Services: E-mail: studentservices@trcc.edu Phone: 573.840.9669

Mail: 2080 Three Rivers Blvd., Poplar Bluff, MO 63901



Student Appeals Intake Form Type of Appeal: □ Academics ☐ Admissions ☐ Advising ☐ Billing ☐ Financial Aid ☐ Other: _ **OFFICE USE ONLY** APPEAL INVESTIGATION: INCLUDE INFORMATION RELATED TO ISSUE. OFFICE USE ONLY **APPEAL CONCLUSION:** ☐ Notify Student ☐ Send conclusion to Dean of Student Services Signature:__ Signature: **Chief Student Services Officer** Chief Academic Officer Signature:_ _ Signature:__ Chief Financial Officer (if required) President (if required)

Return to the Office of Student Services: E-mail: studentservices@trcc.edu Phone: 573.840.9669

Mail: 2080 Three Rivers Blvd., Poplar Bluff, MO 63901