Portfolio Appeal Form

Student Name:					OWENS COMMUNITY COLLEGE
OCID:					
Address:					
Telephone Number:		Date	e:		
Please Print Clearly or Type					
I am requesting a review of the p	ortfolio decision because fo	r the follo	wing course:		
Complete one form for each cour	se/assignment for which yo	ou are requ	uesting a review:		
Course:	Assessor:				
Credit Hours:	Term/Date Submitted:	Fall	Spring	Summer	
In compliance with the academic	appeal procedure I have m	et with ea	ch of the following	g individuals involved in t	he grade review process.
Step 1: Meet with Advisor, PL	.A Specialist or designated	representa	ative		
Name			Date		
Step 2: Meet with Assessor/	Department Chair				
Name			Date		
Informal process must be comple submit it to the Academic Dean		ss with the	e Academic Dean	can occur. Students show	uld complete this form and
Step 3: Submit written appea	ll and documentation to the	Academi	c Dean		
Signature:		_ Date:			

Attach a letter providing a full explanation as to why you are requesting a review of your appeal. Attach all supporting documentation that you wish to be reviewed in support of your request.