

CEHS Appeal Form (updated: 1/21/20)

Appeal should be received by School Counseling Office no later than March 20th

Student Name: _____

Date: _____

Requested change from: _____
to: _____

After speaking with their counselor, student is asking the designated faculty member to consider the above change request.

Teacher/Dept. Chair approves of this request.

Teacher/Dept. Chair will approve this request if student meets the following conditions:

Student Signature: _____

Date: _____

Teacher Signature: _____

Date: _____

.....School Counseling Office Use.....

Student met conditions (Date entered in Google Sheet: _____)

Student did not meet conditions (Date entered in Google Sheet: _____)