



MILES COLLEGE
OFFICE OF ACADEMIC AFFAIRS

ACADEMIC COMPLAINT FORM

- Student
- Faculty
- Staff/Other

Date: _____

Name _____ Student No. _____
Last First Middle

Cellular Phone _____ Other Phone _____

E-mail Address _____

Type of Appeal:

- Exception to grade change
- Instructional
- Conflict
- Test Results
- Academic Dishonesty
- Academic Advising
- Other: _____

Reason for Appeal (explain in detail your reason for this appeal. Please attach necessary documentation to support your appeal request):

Signature _____ Date _____

OFFICE USE ONLY:

1st Level

- Approved
 - Denied
 - Modified
- Signature _____ Date _____

2nd Level (if applicable)

- Approved
 - Denied
 - Modified
- Signature _____ Date _____

Office of Academic Affairs (if applicable)

- Approved
 - Denied
 - Modified
- Signature _____ Date _____