Middle Georgia Technical College
Student Appeal Form

First Name	*M-Initial*	*Last Name*

Student I.D.#	*Phone #*	*E-mail (if no MGTC account)*

Course(s) Student is Appealing	*Instructor's Name*

Date	*Current Program*

Reason for appeal:

Return completed form to: The Office of Academic Affairs
80 Cohen Walker Drive, Room A-226
Warner Robins, GA 31088

YOU WILL BE NOTIFIED OF A DECISION WITHIN 10 WORKING DAYS VIA MGTC STUDENT E-MAIL OR THE ALTERNATIVE E-MAIL ADDRESS LISTED ABOVE.