Winona State University-College of Education  
Application for Appeal  
(To be completed by student)

<table>
<thead>
<tr>
<th>Date: Application Received in Dean's Office:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name _______________________________ Tech ID _______________________________</td>
</tr>
<tr>
<td>Permanent Address ___________________ Phone # ____________________________</td>
</tr>
<tr>
<td>Local Address _______________________ Phone # ____________________________</td>
</tr>
<tr>
<td>Cell Phone __________________________</td>
</tr>
<tr>
<td>Email Address ________________________ Teaching Major: ___________________</td>
</tr>
<tr>
<td>No. of credits completed: ____________ Overall GPA: ________________</td>
</tr>
<tr>
<td>Major Advisor Signature _____________ Signature of Chairperson of Major</td>
</tr>
<tr>
<td>Department/Desigee __________________</td>
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</tbody>
</table>

What issue do you want to appeal? (Please be as specific as possible)

______________________________________________________________
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______________________________________________________________

**Justification for Appeal:** After consulting with your major advisor and the chairperson of your major department, complete these questions. Attach any further documentation and/or narrative to this form if necessary.

1. Describe the situational factors relevant to your appeal. (Be as detailed as possible)

______________________________________________________________
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Appeals form revised 3-07  
2 of 5
2. Describe what, if anything, you have done to address situational factors.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. What documentation do you have to support your application for appeal? (Please describe and attach to this appeal)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. I wish to present to the taskforce in person.  ☐ Yes ☐ No

**NOTE:** If you check “No”, it will not have a negative influence on the recommendation of a taskforce.

**Return completed form to the Dean, College of Education Office, Gildemeister 135. The College of Education Dean will summon a non-biased, non-conflict of interest taskforce to review this appeal.**
Winona State University - College of Education
Appeal Form
(To be completed by a Taskforce Chairperson or Designee)

1. Exact issue being appealed.

________________________________________________________________________
                                                                                   
________________________________________________________________________
                                                                                   
________________________________________________________________________
                                                                                   
2. Did the taskforce interview any other individuals to gather more information regarding
   this issue? If yes, please list names and title(s) of individuals interviewed.

________________________________________________________________________
                                                                                   
________________________________________________________________________
                                                                                   
________________________________________________________________________
                                                                                   
3. Please describe below the relevant information presented by student, individuals
   interviewed, and taskforce discussion.

________________________________________________________________________
                                                                                   
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________________________________________________________________________
                                                                                   
Appeal Recommended ____________                                Appeal Not Recommended ____________

4. What is the taskforce justification for its recommendation? (Please be specific including
   circumstances under which the recommendation is made or denied. Use a separate sheet
   if necessary).

________________________________________________________________________
                                                                                   
________________________________________________________________________
                                                                                   
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________________________________________________________________________
                                                                                   
________________________________________________________________________
Signature Verification Documentation
Teacher Education Unit Appeals

TASKFORCE DESIGNEE SIGNATURE(S) REQUIRED BELOW:

Taskforce Designee __________________________ Date ________

Taskforce Designee __________________________ Date ________

Taskforce Designee __________________________ Date ________

Taskforce Designee __________________________ Date ________

Note: Taskforce Designee signatures verify that you have submitted a non-bias, non-conflict of interest recommendation on this appeal.

STUDENT SIGNATURE REQUIRED BELOW:

I have read and understand the recommendations and/or conditions stated above.

Student’s Signature __________________________ Date __________

COLLEGE OF EDUCATION DEAN SIGNATURE REQUIRED BELOW:

Student Appeal Granted ______

Taskforce Recommendations & Conditions for Appeal Accepted ______

Student Appeal Denied ______

Dean, College of Education Signature __________________________ Date __________

Appeals form revised 3-07 5 of 5