



This form is used to appeal a decision made by the SAP committee. Use this form when the SAP committee has denied your first appeal or has approved the appeal with conditions with which you do not agree. The results of your second appeal are final.

Name: _______ Student/Star ID#: ______

Provide the rationale for your request to have your initial SAP appeal reviewed a second time. Attach documentation supporting your appeal.

Email: _____ Phone: _____

Major: _____ Reinstatement Semester and Year: _____

Statement of Understanding:

I declare the information I have provided and all supporting documentation is correct and complete to the best of my knowledge.

I understand that the results of my second appeal are final.

Student Signature:	Date:
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If you need assistance completing this form, contact a Success Coach at 763-576-7710. Submit completed form to registrar@anokatech.edu or Records Office, Room 104.

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