

Appeal of Reconsideration Committee Decision

Appeal submitted by: _____

Address: _____

Phone or email: _____

1. School where initial reconsideration was filed _____

2. Are you now a member of that school community? _____

3. Date of Reconsideration Committee Decision _____

4. Did you attend the Reconsideration Committee meeting? _____

5. Have your objections to the work changed in any way since your initial request for reconsideration? _____

Explain _____

Signature _____ Date _____