

**LONG BEACH CITY COLLEGE
GRADUATION APPEAL COMMITTEE**

Date: _____

I. STUDENT: Name _____ **Student ID#** _____

Describe in detail the graduation requirement you are requesting to be waived or that you are appealing. (use reverse side if necessary)

Provide detailed reasons why the requirement was not met, including supporting written documentation where applicable. (Use reverse side if necessary)

Student Signature

II. GRADUATION EVALUATION TECHNICIAN: The specific requirement that has not been met is:

Technician's Signature

III. APPEAL COMMITTEE

A. Dean, Admissions & Records

_____ **Denied.** **Reason:** _____

_____ **Granted.** **Comments:** _____

Signature

Date

B. Dean, Counseling & Student Support Services:

_____ **Denied.** **Reason:** _____

_____ **Granted.** **Comments:** _____

Signature

Date

C. Dean of Instruction:

_____ **Denied.** **Reason:** _____

_____ **Granted.** **Comments:** _____

Signature

Date

IV. RECORDS OFFICE: Student notified this date _____ **G8 (Revised 8/90)**