



Respiratory Therapy Program **Admission Appeals Letter**

Student Name:

E number:

Student Address:

Date:

To whom:

Subject: Request for Appeal of Program Admissions Denial

Basis for appeal:

Student signature: _____

Please attach any additional documentation you feel necessary to review your case.

Students have the right to due process in regard to a formal appeal. The person reviewing the case will search for inaccuracies in student records and any grounds for a malicious, capricious, erroneous, or arbitrary decision made by the admissions selection committee. Student will be notified within ten (10) business days of appeals receipt the decision of the reviewer.