Lorain County JVS Adult Career Center

Appeal Document

Student Name: Date:

Program:

Please explain in the box below, in detail, why you feel your appeal should be accepted, what extenuating circumstances contributed to your dismissal, and what your plan is to correct the problem. *Please attach any documentation to this appeal letter and return it to the Adult Career Center within 3 days of your receipt of this letter. Make sure at this time you also make an appointment to meet with the Director, Kristian Smith.*

**(You may continue on back side)**

**Appeal Accepted: \_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_ NO**