

# International Christian Institute and Linguistics School

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SEVIS School Code: (HOU214F00418000)



## Appeals Form

- Appeal must be made within six (6) class days of initial placement.
- Completed form must be returned to the Administrative Office.
- If you need assistance completing this form, please see your student advisor.

**Date:** (MM/DD/YY) \_\_\_\_\_

**Student Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I) \_\_\_\_\_

**Current Level:** \_\_\_\_\_ **Current Teacher:** \_\_\_\_\_

**Reason for Appeal:** (Please check one or more that apply)

- I feel this level is too challenging.
- I feel this level is not challenging.
- I want to appeal the level promotion decision.
- Other, please explain:

- Must abide by final decision of appeals committee.
- CC: Student Services Committee binder; Student File; Student.