

Request for Academic Evaluation Appeal Hearing

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient Name]

[Recipient Title]

[Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request an appeal hearing regarding the outcome of my recent academic evaluation for the [specific course/program name]. I believe that there are extenuating circumstances that warrant a reconsideration of my evaluation.

My student ID is [Your Student ID]. I have attached all relevant documentation that supports my case, including [list any documents such as previous evaluations, medical records, etc.]. I am seeking the opportunity to present my situation in person as I believe it is essential for a fair assessment of my case.

I kindly request that you inform me of the next steps in the appeal process and any available dates for the hearing. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for considering my request.

Sincerely,

[Your Name]