

# Letter of Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

Email: [Your Email]

Phone: [Your Phone Number]

[Recipient Name]

[Title]

[Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally appeal for equitable treatment in regard to [specific issue or situation]. As a [your position, e.g., "student", "member of the faculty"] at [institution name], I have experienced [briefly describe the issue].

I believe that [explain why you feel the treatment was inequitable and any relevant policies or guidelines that support your case]. I am requesting a reconsideration of [specific request or outcome you seek].

I am hopeful that we can work together to ensure fair treatment for all students. Thank you for your attention to this matter, and I look forward to your prompt response.

Sincerely,

[Your Name]