APPEAL PROCESS FOR
COLLEGE IN THE SCHOOL STUDENTS

Student Information:

Name: _____ Social Security Number: _____

Address: _____City:_____State:_____Zip:_____

Telephone: _____

High School Information:

Name: _____

Counselor/Principal Name: _____

What semester are you appealing for: ____ Fall ____Spring

Please attach the following:

_____ A letter from student stating why they want to take a CIS class and what they will do to be successful.

_____ A letter of recommendation from your high school counselor or principal stating why they support your admission to CLC and why they believe you will be academically successful.

_____High School Grade Point Average_____

_____Accuplacer Assessment Information Elementary

Reading Score: _____ Math Scores: College Level Math_____ Algebra Score: _____

Submit completed form and documentation to:

Janet Gontarek, College in the Schools Coordinator
Central Lakes College, 501 West College Drive, Brainerd, MN 56401
Phone: 218-855-8134

Student Signature and/or designee signature: _____ Date: _____

Appeal Approved: _____ **Appeal Denied: _____**

Comments: _____

Central Lakes College Appeals Committee Designee: _____
Date: _____

Copies to: _____ Student _____ Admissions _____ High School Counselor