



CMI

College of the Marshall Islands

Accredited by the Western Association of Schools and Colleges

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Recognition of Prior Learning Decision Appeal

The following fields should be completed by the student. An advisor or other employee may assist.

Student name: _____

Student number: _____

Course(s) for which the decision is being appealed: _____

Reason for appeal (note: a successful appeal must include procedural issues, issues of inappropriate assessment, or bias): _____

Student signature: _____ Date: _____

The following fields should be completed by the appropriate employees.

Evaluated by Dean _____ as ☐ Substantive ☐ Not substantive

Signature: _____ Date: _____

Vice President of Academic and Student Affairs finds the appeal:

☐ Successful ☐ Unsuccessful (attach justification)

Signature: _____ Date: _____

For successful appeals, attach the second page of the Application for Recognition of Prior Learning with a newly assigned assessor.