

ELA Student Placement Appeal Form

This form is for new ELA students who believe their class placement level is inappropriate, or returning ELA students who wish to change their class section (teacher). Before completing this form, please review the ELA Student Placement and Grade Appeal Policy.

Directions: Please complete every part of this form, save a copy to your computer, and email it to Lars Gingery, Associate Director and Registrar: lgingery@depaul.edu, and Kathy Larson, Associate Director for Curriculum: klarson@depaul.edu. Write "Placement Appeal" in the subject line of your email, and submit this form **within 5 business days** of the first day of classes. Your request will be reviewed, and you will receive an email response.

Last Name: _____ First Name: _____ Date: _____

Student ID Number: _____

Class(es) you want to change:

Class 1: _____ Teacher: _____

Class 2: _____ Teacher: _____

Class 3: _____ Teacher: _____

Class 4: _____ Teacher: _____

What is the reason for your request? Check every box that is true for you.

- ☐ I believe that I passed the diagnostic exam.
- ☐ I will be more comfortable in a lower level.
- ☐ I already took and passed this class in the past.
- ☐ I have the same teacher in two different classes.
- ☐ I have received a grade of RC from this teacher before.

Please explain your request here (be specific):

For office use only: