Office of the Registrar
13800 Biola Ave, La Mirada, CA 90639
Ph: 562-903-4720, Fx: 562-903-4896
registrar@biola.edu

Appeals Form

Student Name (Last, First): _____ **Student ID:** _____

Phone Number: _____ **Biola Email:** _____

Subject of Appeal:_____

Reason(s) for Appeal: (for additional space, use back of form)

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_____

Student Signature: _____ **Date:**_____

Office Use Only

☐ Petition Approved ☐ Petition Denied

Reason for Decision: _____

_____

Signature: _____ Date: _____

Student Notified: _____