



**GOOD SAMARITAN COLLEGE  
OF NURSING AND HEALTH SCIENCE**

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**STUDENT REQUEST FOR FORMAL HEARING**

To: Dean of Enrollment Management/Registrar Date: \_\_\_\_\_

From: \_\_\_\_\_ Student ID # \_\_\_\_\_

I request a formal hearing concerning correction of what I believe to be inaccurate or misleading information contained in my education records.

The following Education Record(s) is/are being contested: \_\_\_\_\_

I am contesting the information because: \_\_\_\_\_

(Please use back of sheet if additional space is needed)

Please notify me of the date, time, and place of the hearing. My address and telephone number follow:

\_\_\_\_\_  
Address City State Zip

Student's Signature \_\_\_\_\_ Telephone # \_\_\_\_\_

**FIRST ENDORSEMENT**

From: Dean of Enrollment Management/Registrar Date: \_\_\_\_\_

To: Student's Name: \_\_\_\_\_

The decision of the Hearing Panel is as follows (please use back of sheet if additional space is needed) \_\_\_\_\_

\_\_\_\_\_  
Signature Dean of Enrollment Management/Registrar

\_\_\_\_\_  
Date

Note: If the student disagrees with the Hearing Panel's decision, he/she has the right to place in his/her record a written statement commenting on the information in the record and/or stating his/her reasons for disagreeing with the decision. This explanation will become part of the student education record as long as this record is maintained and whenever a copy of this record is sent to any party, the explanation will accompany it.

The Dean of Enrollment Management/Registrar must send copies of the Panel's decision to the student requesting the hearing,