Renewal Credit Activity
Appeal Form

*All credit appeals must be submitted within thirty days of credit denial

Educator Name _________________________________________________________________
Certificate Number ____________________              Date ______________________________
Evaluator _____________________________________________________________________
Option on Matrix ______________________             Amount of Credit _________________
Activity________________________________             Date submitted to Administrator_____

**Description of Activity**

Title of Activity ________________________________________________________________
Date/Time of Activity ________________     Location____________________________________
Agency/Presenter ________________________________________________________________
Attach/Explain:

1. The process you followed to submit the credit
2. How it supports your Professional Growth and Development Plan
3. Why this credit should count toward your certificate renewal

Educator’s Signature __________________________     Date ______________

Explain why this activity was denied renewal credit for the above educator:

Renewal Coordinator’s Signature __________________________     Date ______________

**Appeal Status**

_____ Approved      _____ Not Approved (State reason for Approval/Denial):

___________________________________       __________
Signature, Chairman of Appeal Committee    Date