CALIFORNIA DENTAL
ASSISTANT PROGRAM

# The California Dental Assistant Program
# STUDENT DECISION APPEAL FORM

***Version 3.1, November 2026. Student Handbook Section 15.2***

## 1. Appeal Policy

- Students may appeal a dismissal or other formal decision made by the California Dental Assistant Program if they believe the decision should be reconsidered.
- Appeals are reviewed by the Program Administration team, separate from the Student Success Team that made the original decision.
- You will receive a written decision within 7 business days. The decision on an appeal is final.
- For concerns about a Dental Board-approved course, you may also contact the Dental Board of California at www.dbc.ca.gov.

### Appeal Requirements

To submit an appeal, students must:

- Submit the appeal within **7 business days** of receiving the decision.
- Clearly identify the decision being appealed and explain the reasons for requesting reconsideration.

**Important:** This form is for formal decisions. For other concerns about the program, team members, students, instructors, or host sites, use the Student Concern & Incident Report (Student Handbook Section 15.1).

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**STUDENT NAME:** **TODAY'S DATE:** MM / DD / YYYY

## 2. Appeal Details

**1. Student Full Name:** Your Full Name

**2. Date You Received the Decision:** Decision Date

**3. Decision Being Appealed:**

Identify the formal decision you are requesting to appeal.

**4. Explain Why You Are Appealing This Decision:**

Provide a clear explanation of why you believe the decision should be reconsidered. Include any relevant circumstan

**5. What Outcome Are You Requesting?**

Explain what decision or action you are requesting from the Student Success Team.

If you have any questions or would like to submit any additional documents, please feel free to email us at hello@californiadentalassistant.com.

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## 3. Statement of Understanding

By submitting this appeal, I acknowledge and agree to the following:

- I confirm that the information provided in this appeal is true and accurate to the best of my knowledge.
- I understand that appeals must be submitted within 7 business days of receiving the formal decision.
- I understand that my appeal will be reviewed by the Program Administration.
- I understand that submitting an appeal does not guarantee that the original decision will be changed.
- I understand that the decision made following the appeal review is final.

**Student Full Name:** Full Name _____

**Student Signature:** Signature _____

**Parent/Guardian/Responsible Party Name:** Full Name _____ *(Required only if student is under 18)*

**Parent/Guardian Signature:** Signature _____

**Today's Date:** MM / DD / YYYY _____