

**FORM 19**  
**LETTER OF APPEAL FOR INSTITUTION**

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The completed form should be mailed to:

ICAC Coordinator  
Arkansas Department of Higher Education  
423 Main Street, Suite 400  
Little Rock, AR 72201  
icac@adhe.edu

Name of Institution

Address

Contact Person

Telephone Number and e-mail address for contact person

Requested appeal of decision by:

- Arkansas Higher Education Coordinating Board  
 Director, Arkansas Department of Higher Education

Check action which is subject of the appeal:

- Certification—established institution to offer college-level course/degree program  
 Recertification—established institution to offer college-level course/degree program  
 Decertification of college-level course/degree program  
 Decertification of institution  
 Certification of newly created institution chartered in Arkansas  
 Certification of degree program change exceeding 18 semester credit hours of the total credit hours of the initially approved program.  
 Exemption request

Attach any documentation (or an electronic file) which you feel will be helpful in resolving the appeal.

Please have the chief academic officer initial the paragraph below:

\_\_\_\_\_ The institution will employ a certified court reporter for the appeal hearing which will be at the next regularly scheduled Arkansas Higher Education Coordinating Board meeting. I understand that ADHE and the institution must agree on the choice of the court reporter. I also understand that all costs of the certified court reporter and transcripts of the oral proceedings will be the responsibility of the institution.

\_\_\_\_\_  
Signature of Chief Academic Officer