

Professional Development Appeal Request

Use this form to appeal a decision made regarding an education or training application that you completed in MERIT. Submit your appeal form within 60 days of the decision. Review the [Policy for appeals and education incentives](#) for more information.

First Name	Last Name
STARS ID	Date of Birth (mm/dd/yyyy)

INSTRUCTIONS

Print or type your response in the field below, sign at the bottom of the form, and then email the completed form to:

- Education Application appeals are emailed to centraliamerit@centralia.edu
- Trainer Approval and Training appeals are emailed to MERIT@del.wa.gov

REASON FOR APPEAL

Please use the space below or attach a separate document to address the reason for your appeal. Be sure to include your name and STARS ID on all supporting documents that you provide.

The reason I am applying for an appeal is because I believe:

- My education was incorrectly recorded
- My credits were not counted accurately
- I am eligible for an Education Award that I did not receive

Please address the following questions:

- What is the reason you think the action taken was not correct?
- What is your desired outcome?

Statement of Understanding

- The information I provided is true and accurate and may become public upon request.
- All documentation submitted to DEL will become the property of DEL and will not be returned.
- If an alternate decision is made, I authorize DEL to enter this information into MERIT.
- Any documentation that appears to have been altered, or on which "white out" is used, will not be processed or verified.
- I understand no awards will be revised or paid based on previous policy; this includes the Career Lattice of 2014.

Signature _____ Date _____

If under 18 years of age:

Parent/Guardian Signature (required if under 18) _____

Parent/Guardian Name (please print) _____ Date _____

For internal DEL use only

Professional's Name: _____ STARS ID: _____

DEL has reviewed the following information:

Based on the review, DEL has made the following decision (circle one):

Approved

Denied

Professional was notified on (Date) _____ by:

Email

Phone or Voicemail

I completed a thorough review, followed up with the professional and noted the outcome in the professional's MERIT record.

Processed by (printed name of DEL employee): _____

Signature _____ Date _____