Student Conduct Appeal Request Form

In order for your appeal to be considered, you must complete the following information in its entirety and submit it along with your written appeal explanation to the Conduct Administrator within 3 business days of the date of your original hearing. Appeals received after this period will not be considered. Incomplete forms will not be considered.

Student Name: __________________________________________
Hearing Date: __________________________________________
ID No.: ________________________________________________
Phone: ________________________________________________
Email: _________________________________________________
Campus/Local Address: __________________________________

I am appealing a decision reached by:
☐ Conduct Hearing Officer
☐ Conduct Board

I am appealing: (check at least one)
☐ The findings of responsibility (guilt) for the following charge(s): __________
☐ The following sanction(s): ______________________________________________

I am appealing based on the following ground(s): (check at least one)
☐ New evidence: There is new evidence which will substantially alter the Conduct Board’s decision. (NOTE: the evidence must not have been available at the time of the original hearing).
☐ Due Process: The hearing was not conducted in conformity with prescribed procedures, and there was a substantial departure from, or the denial of rights or procedures under the Student Code of Conduct, which effectively precluded a fundamentally fair hearing. (Minor deviations from designed procedures are not a justification for an appeal unless significant prejudice to the student resulted).
☐ Punishment/Sanction Too Severe: The sanction is unduly harsh or arbitrary and not appropriate for the violation (NOTE: simple dissatisfaction with a punishment/sanction is not grounds for overturning a sanction under this provision).

Along with this form, you must attach your written appeal explanation, relative to one or more of the grounds noted above. Please refer to the Code of Conduct for a full description of grounds for appeal.

Student Signature: __________________________________________ Date: ________________

Please return this form, with written appeal to suite 2106 Student Service Center. A final decision will be mailed to you by the Associate Vice President for Student Affairs and Enrollment Management/Conduct Administrator or designee.

For official use only do not write in this box

<table>
<thead>
<tr>
<th>Notification Date:</th>
<th>Appeal Decision:</th>
<th>Reasons(s) for Denial (if applicable):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decision Date:</td>
<td>Deny the Appeal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Allow Appeal to Proceed</td>
<td></td>
</tr>
</tbody>
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Conduct Form: 08.02.12