



# STUDENT MISCONDUCT REQUEST FOR APPEAL

\*In addition to completing this form, the student must write a letter stating the grounds for believing the decision to be erroneous or unfair. Submit this letter at the same time this form is submitted.

**Name:** \_\_\_\_\_ **Student ID No.:** \_\_\_\_\_  
(Last Name) (First Name)

**Reason Appeal is Requested:**

- Procedural error occurred
- Insufficient evidence to support the violation(s)
- Sanction(s) imposed were inappropriate
- New evidence is available that may have the potential to substantially impact the decision and/or sanction(s)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Student)

## OFFICIAL USE ONLY

The section below will be completed by the chancellor, or designee

**Name of Appeal Officer.:** \_\_\_\_\_ **Title:** \_\_\_\_\_

- Request for appeal denied
- Appeal granted, but no appeal meeting required
- Appeal granted and meeting with the student required. Date of Meeting: \_\_\_\_\_

**Please list the name of all people in attendance at the appeal meeting:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The Chancellor, or designee, has concluded the following:

- Affirms the decision of the Student Conduct Review Board
- Affirms the decision of the Student Conduct Review Board, but lessens the sanctions to the following:

\_\_\_\_\_

- Affirms the decision of the Student Conduct Review Board, but increases the sanctions to the following:

\_\_\_\_\_

- Reverses the decision of the Student Conduct Review Board and has determined the following sanction(s):

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Chancellor or Designee)

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_