



Received by _____ (name) in the Office of the Dean of Students <input type="checkbox"/> in person <input type="checkbox"/> electronically <input type="checkbox"/> via mail on _____ (date) at _____ (time).
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### APPEAL REQUEST FORM

*Please print clearly with a pen or type the information on this form. Deliver this form, along with your typewritten appeal letter to the Office of the Dean of Students located in room 213, Guerrieri Student Union. **Your appeal must be received by 5:00 p.m. within five (5) class days following the written notification of the primary decision.** You must get the certification box at the top filled out when you submit this form. Please retain a copy of this form for your records and refer to the Student Code of Conduct Policies and Procedures Handbook for additional information on appeals.*

#### STUDENT INFORMATION

Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

#### APPEAL INFORMATION

**Grounds for Appeal**

- a. Specified procedural errors or errors in interpretation of University regulations were so substantial as effectively to deny the student a fair hearing;
- b. New and significant information became available and could not have been discovered and/or provided by a properly diligent student before or during the original hearing;
- c. Student requests an evaluation of assigned sanction(s) because of extraordinary circumstances; and/or
- d. A violation of substantive due process occurred (ie. The decision was based on an illegal or constitutionally impermissible consideration such as race, gender, exercise of First Amendment freedoms, etc.).

**Please answer the following questions regarding your student conduct case:**

1. Do you believe specified procedural errors or errors in interpretation of University regulations were so substantial as effectively to deny you a fair hearing? \_\_\_\_ Yes \_\_\_\_ No
2. Do you believe new and significant information became available and could not have been discovered and/or provided by you before or during the original hearing? \_\_\_\_ Yes \_\_\_\_ No
3. Do you believe the assigned sanction(s) should be evaluated because of extraordinary circumstances? \_\_\_\_ Yes \_\_\_\_ No
4. Do you believe a violation of substantive due process occurred? \_\_\_\_ Yes \_\_\_\_ No

**An answer of "yes" to any of the questions above provides grounds for an appeal. Please submit a typed narrative along with this form providing specific information relevant to the question(s).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date