



Appeal Form

Name: _____
please print

ID#: _____

Address: _____
street city state zip RH/room #

Home Phone: _____ Cell Phone: _____

Email address: _____

Before filling out this appeal, please understand that if you are still taking classes or living in housing during this review, it may impact any refund from the university or housing to which you are entitled. In addition, your financial aid may be impacted as well. This form is due within 3 business days of receiving your outcome.

Grounds for Review: The accused student has the right to request a review of the decision of the hearing body on the grounds that: *(please check any or all that apply)*

- ☐ (1) the procedures set forth in this Code were not followed and, as a result, the decision was substantially affected;
- ☐ (2) new information, sufficient to alter the decision, or other relevant facts were not brought out in the original hearing because such information and/or facts were not known to the respondent at the time of the original hearing.
- ☐ (3) the sanction(s) imposed were not appropriate for the violation of the Code for which the respondent was found responsible; or

The appeal shall be limited to a review of the record except as required to explain the basis of new information.

Additional comments or explanations:

Student Signature _____

Date _____

Received by Enrollment Management & Student Affairs on: _____
Date