FINANCIAL
AID OFFICE

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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: _____

_____

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