

For Office Use Only
Date/Time Received _____
By _____

Case Number _____

Hearing Appeal Request

Student Name (Last, First, M)	Student I.D. #
Date/Time of Original Hearing	

Check the reason(s) below upon which you are basing your appeal:

- 1. Insufficient evidence that a policy was violated.
- 2. A procedural error in resolving the case.
- 3. Sanction inappropriate for the circumstances of the violation.

In an attached typed document, please present in detail the information, which you wish to be considered concerning your appeal. Confine your rationale to the reason(s) checked above. Please refer to the Standards of Student Conduct, Finding the Answers, or consult with a Student Advisor (a list can be obtained in the Office of the Dean of Students) in your preparations. If you have further questions, please contact the Office of the Dean of Students (831-5321) or the Office of Residential Life (831-5375). This form and attached rationale must be turned into the Office of the Dean of Students or the Office of Residential Life as appropriate within 72 hours of the original decision.

Student Signature

Date

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- Affirm the Finding(s) of the original hearing authority
- Reverse finding(s) of the original hearing authority
- Reduce the sanctions of the original hearing authority
- Refer the case to an appeal hearing
- Other _____

This student lives in University-owned housing.