

For Office Use Only
Date/Time Received _____
By _____

Case Number _____

Sanction Appeal Request

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

In an attached typed document, please present in detail the information, which you wish to be considered concerning your appeal request. Confine your rationale to why the sanction imposed by the Case Coordinator was inappropriate for the circumstances of the violation. If you have questions concerning your appeal, please refer to the Standards of Student Conduct or consult with a Student Advisor (a list can be obtained in the Office of the Dean of Students). 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 48 hours of the original decision.

Student Signature

Date

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Uphold the Sanctions

Other _____

This student lives in University-owned housing.