## **Academic Misconduct Student Appeal Form**

**For the Student:** Fill out this section, then send the form and all original documentation supporting your Academic Misconduct Appeal in an envelope marked "confidential" to the Chair of the Department in which the alleged misconduct occurred. *You are encouraged to retain copies of all relevant documents until the issue is resolved.* 

Student's Name(Print):	Student ID#
Instructor's Name:	Semester and Year
Course # &Title	
Description of Alleged Misconduct	
Explain any documentation you are including have been unjustly accused. Remember that	and defending your appeal of the Instructor's allegation. g with this form to clarify ways in which you believe you the appeal must be based on demonstrable innocence or on articulated standard. <i>Disagreement with the standard is not</i> and any documentation, to this appeal form.
Student's Signature	Current Date:
For the Department Chair: Upon receipt of this form, you should review the Student's appeal along with any documentation provided by the Instructor. You shall respond to the Student's appeal in writing within ten (10) University Calendar Days of its receipt. A copy of this form with your ruling shall be forwarded in a confidential envelope to the Office of Student Conduct, Mildred Barrows Hall, Room 110.	
Date Received:	Date of Ruling:
Ruling (please explain):	
For the Office of Student Conduct:	
Date Received:Date o	of Academic Misconduct Hearing:
Final Decision of Faculty Hearing Board	
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