



# SSDEP Student Appeal Request Form

Please print clearly with a pen or type the information on this form. Deliver this form, along with a typewritten appeal letter to the Office of the Dean of the Seidel School of Education located in room 354F, Conway Hall. Your appeal must be received by 5:00 p.m. within five (5) working days following the written notification of the primary decision. **You must get the certification box at the bottom filled out when you submit this form.** Please retain a copy of this form for your records and refer to the *Student Code of Conduct Policies and Procedures Handbook* for additional information on appeals.

Student Name: \_\_\_\_\_ Student I D # \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

I wish to appeal the conduct sanction(s) on the following grounds: *(check all that apply)*:

- Specified procedural errors or errors in interpretation of University regulations were so substantial as effectively to deny the student a fair hearing
- New and significant information became available and could not have been discovered and/or provided by a properly diligent student before or during the original hearing
- A violation of substantive due process occurred (i.e. the decision was based on an illegal or constitutionally impermissible consideration such as race, gender, exercise of 1<sup>st</sup> Amendment freedoms, etc.).

**Explanation of Appeal Request**

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**For Office Use Only**

This appeal request was received on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
at \_\_\_\_\_ a .m./p.m., in the Seidel School of Education Dean’s Office.

Received by: \_\_\_\_\_ (printed name)

Title: \_\_\_\_\_ Signature: \_\_\_\_\_