## Salve Regina University Dean of Students Appeals Form

Name:	Phone #:
Email Address:	
To initiate this process, the student must write an supporting documentation to the Dean of Studen notification of the initial decision. The appeal mu Appeal Form (to be issued by the Dean of Studen supporting the grounds for the appeal and all rele submitted to the Appeals Officer.	ts' Office within 5 days after receiving (written) ast be accompanied by this Dean of Students' ats' Office) and must include a statement
The purpose of the appeal is not to provide a second meet with the student or re-hear the case. The Handbook.	· · ·
significantly impacted the outcome.  2New Information: Discovery o conduct meeting, that if introduced would conduct meeting. A detailed account of the	error(s) occurred during the conduct process that f new information, unavailable at the time of the d have significantly affected the outcome of the the new information must be clearly specified. Student did not attend the original meeting(s) or
All requests for an appeal must be submitted with submitted after five days will not be considered as	
Attach the typed (double spaced) supporting state grounds for the appeal. There must be an explana and must include all additional information.	ement to this form that addresses one of the tion of why the appeal meets the criteria to appeal
You will receive written notification of any decision	on regarding your appeal.
Please sign and date this form indicating that have attached a typed statement for the appearance.	
Signature:	
Date:	