

**Salve Regina University
Dean of Students
Appeal Form**

Name: _____

Phone #: _____

Email Address: _____

To initiate this process, the student must write and submit, on his or her own behalf, a request to the Dean of Students Office within five business days after receiving (written) notification of the initial decision. The request for an appeal must be accompanied by the Dean of Students Appeal Form (to be issued by the Dean of Students Office) and must include a statement explaining the grounds for the appeal, all relevant supporting information and documentation and the desired outcome of the appeal request. If a student's appeal does not meet the below criteria or does not appeal within five days, the appeal will not be decided upon by the Appeals Committee and the student forfeits his/her right to an appeal.

The purpose of the appeal is not to provide a second hearing of the case. The Appeals Committee will not meet with the student or re-hear the case. The appeal procedure is outlined in the Student Handbook.

The grounds for the appeal are limited to (check all that apply):

1. _____ Procedural Error: A procedural error(s) occurred during the original conduct process that significantly impacted the outcome of the hearing

2. _____ New Information: Specification of new information, unavailable at the time of the conduct meeting, that if introduced would have significantly affected the outcome of the conduct meeting. A detailed account of the new information must be clearly specified. Information is not considered new if the student did not attend the original hearing or voluntarily withheld information during the original hearing.

All requests for an appeal must be filed within five business days of receiving the sanction.

Attach a typed (double-spaced) explanation to this form that addresses your reason(s) for appealing. You must explain why you meet the criteria to appeal and must include all additional information that will aid the Appeals Committee in making their recommendation.

You will receive written notification of any decision in regard to your appeal.

Please sign and date this form indicating you understand the information above and have attached a typed explanation for why you are appealing.

Signature: _____ Date: _____