Student Conduct Appeal Request Form

Please submit this completed form to the Office of the Vice President for Student Life (Student Center, suite 218) within seven business days of the date of the decision notification. All questions on the form are required and must be completed in order for the appeal request to move forward. Any incomplete forms will not be processed. If you have any questions about the appeal process, please contact the Associate Dean of Students at 303-273-3288.

Student Name: ____________________________

CWID#: ____________________________ Today’s Date: ____________________________

Phone: ____________________________ Email: ____________________________

1. On what grounds is the appeal being requested? (Check all that apply)
   - Due Process: The administrative conduct meeting was not in conformity with the designated procedures and this prevented or otherwise hindered the student from presenting relevant information. Minor deviations from designated procedures are not a justification for an appeal unless significant prejudice to the student results.
   - New Information: There is new information to consider that, if true, would be sufficient to alter the Hearing Officer’s decision. Such information and/or facts must not have been known by the student appealing at the time of the original hearing.
   - Punishment Too Severe: The student accepts responsibility for the violation, but believes the sanction of suspension or expulsion to be too severe. Such appeals are limited to having only the severity of the sanction reviewed.
   - Abuse of Authority/Arbitrary Decision: The student can provide evidence the Hearing Officer abused his/her authority and/or made an arbitrary decision without fully considering the information presented.

2. What specific aspect of the Hearing Officer’s decision is being appealed?
   - Responsibility for Violation
   - Sanction(s)
   - Other: ____________________________

3. Please indicate how the selected ground(s) for appeal applies to your situation?
   If needed, you may attach any additional documentation to this form to support your appeal.

For official use only – do not write in this box

Notification Date: ____________________________ Appeal Administrator’s Decision:

Submission Date: ____________________________ Deny the Appeal

Decision Date: ____________________________ Allow the Appeal to Proceed

Reason(s) for Denial (if applicable):