



BOISE STATE UNIVERSITY

Student Conduct Appeal Form

Name (Print) _____ Student ID # _____

Address _____
Street City State Zip

Telephone _____ Boise State Email _____

Semester: Fall _____ Spring _____ Summer _____ Year _____

Please review Section 8 of the Student Code of Conduct for complete details on the appeal process, which can be found at <http://deanofstudents.boisestate.edu/student-code-of-conduct>.

Appeals will be considered ONLY when you clearly articulate that at least one of the following reasons for appeal occurred. **Please select the reason(s) for your appeal (select all that apply):**

Policy Violation Appeal

___ **A substantive procedural error occurred that significantly impacted the outcome of the hearing. Examples of a substantive procedural error may include substantiated bias by the Conduct Body or material deviation from the established procedures, including procedures in the Student Code of Conduct or an instructor’s course syllabus.**
NOTE: A mere deviation from procedures established by the Student Code of Conduct is not a basis for submitting an appeal unless substantial prejudice is alleged to have resulted.

___ **New evidence is available (that was reasonably unavailable at the time of the original conduct body hearing) that could substantially impact the original finding.**
NOTE: A summary of the new evidence and its potential impact must be included in the written appeal.

Sanction Appeal

___ **New evidence is available (that was reasonably unavailable at the time of the original conduct body hearing) that could substantially impact the original sanction(s).**
NOTE: A summary of the new evidence and its potential impact must be included in the written appeal.

___ **The sanction(s) imposed is (are) substantially disproportionate to the severity of the violation.**

You must submit a concise 1-2 page typed statement that addresses only the reasons for appeal that you selected above. This appeal form and your typed statement should be submitted to the Office of the Dean of Students by the date stated in the official notification of decision. Hand-written appeals will **not** be accepted.

I understand that there is a timeline for appeals. If this paperwork is not submitted within the 10 day appeal timeframe, I must articulate the extenuating circumstances that prevented me from filing.

Signature: _____ Date: _____

Please Return Appeal Materials To:

Office of the Dean of Students
Norco Building, Suite 116
1910 University Drive
Boise, ID 83725-1370
Phone: (208) 426-1527
srr@boisestate.edu

For Office of the Dean of Students Use Only

Appellate Board: Meeting Date _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> No Action Taken

Revised 10/2/2017