



BOISE STATE UNIVERSITY
OFFICE OF THE DEAN OF STUDENTS

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 it is clearly established by the Respondent or the Complainant that one of the following occurred (in a concise 1-2 page typed statement).

Please select the reason(s) for your appeal (select all that apply):

___ A substantive procedural error occurred that significantly impacted the outcome of the hearing.

NOTE: Examples of a substantive procedural error may include substantiated bias and deviation from established conduct procedures.

___ New evidence is available (that was unavailable at the original hearing or investigation) that could substantially impact the original finding or sanctions.

NOTE: A summary of the evidence and its potential impact must be included in the written appeal.

___ The sanctions imposed are substantially disproportionate to the severity of the violation.

Appeal form and typed statement should be submitted to the Office of the Dean of Students by the date stated in the original decision letter. Hand-written appeals will **not** be accepted.

With the exception of appeals involving new information, the board will limit itself to reviewing the written appeal, hearing documents, and any recording of the hearing.

I understand that there is a timeline for appeals and, 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

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|---------------------------------------------|
| Appellate Board: Meeting Date _____ |
| ___ Approved ___ Denied ___ No Action Taken |