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 9 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 (3-5 page maximum) 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 (or emailed to srr@boisestate.edu) 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: __________________

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Revised June 7, 2018
Please Return Appeal Materials To:
Use Only
Office of the Dean of Students
1910 University Drive
Boise, ID 83725-1370
Phone: (208) 426-1527
srr@boisestate.edu

For Office of the Dean of Students

Appellate Board: Meeting Date_______________
___ Approved ___ Denied ___ No Action Taken

Revised 06/07/2018