TITLE IX
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 investigation. Examples of a substantive procedural error may include substantiated bias by the investigator or material deviation from the investigation procedures, including procedures in University Policy #1065.

NOTE: A mere deviation from investigation procedures is not a basis for considering an appeal unless significant prejudice is alleged to have resulted.

___ The investigator erred when determining whether or not the findings of fact constitute a violation of this policy.

___ New evidence is available (that was reasonably unavailable at the time of the original conduct body hearing) that could substantially impact the determination of whether a violation of policy occurred.

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 severity of the 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 pages 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 University business day appeal timeframe, I must articulate the extenuating circumstances that prevented me from filing.

Signature: _______________________________ Date: ________________

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