

Academic Integrity Decision Appeal Form

Previous Academic Integrity Panel Hearing Date _____

Student's Name _____

Instructor's Name _____

Reason for Appeal:

_____ The academic integrity procedure was not followed. (*Deadline: within five school days after the hearing results are sent by the Academic Integrity Manager.*)

_____ New information became available after the hearing that could substantially affect the outcome. Request for another hearing in front of the Academic Integrity Panel. (*Deadline: less than one year after the hearing results are sent by the Academic Integrity Manager.*)

Please attach a **concise typed statement explaining your reason for requesting a decision appeal and the desired outcome**. If appropriate, attach **supporting documents**. Submit the appeal to the Academic Integrity Manager, Academic Affairs, 101 Whitehurst, by the appropriate deadline listed above.

Signature: _____ Date: _____