



Student Conduct Appeal Request Form

Please submit this completed form to the Office of the Vice President for Student Life (Student Center, suite E240) within seven business days of the date of the decision notification. All questions on the form are required and must be completed in order for the appeal request to move forward. Any incomplete forms will not be processed. If you have any questions about the appeal process, please contact the Dean of Students Office at 303-273-3288.

Student Name: _____

CWID#: _____ Today's Date: _____

Phone: _____ Email: _____

1. On what grounds is the appeal being requested? (Check all that apply)

_____ **New Information:** To consider information or other relevant facts sufficient to alter a decision because such information and/or facts were not known to the person appealing at the time of the investigation.

_____ **Appropriateness of Sanctions:** To determine whether the sanction(s) imposed were appropriate for the Policy violation that the Respondent was found to have committed. If the Respondent is making the appeal solely on this ground, he/she accepts responsibility for the violation and is only appealing the severity of the sanctions.

_____ **Due Process:** To determine whether the investigation was conducted fairly in light of the charges and information presented, and in conformity with prescribed procedures giving the Complainant a reasonable opportunity to prepare and present information about the alleged Policy violation, and giving the Respondent a reasonable opportunity to prepare and present a response to the allegation(s). Minor process deviations that do not materially affect the outcome are not a basis for sustaining an appeal.

_____ **Unsupported Decision:** To determine whether the decision reached regarding the Respondent was supported using the preponderance of evidence standard to establish that a violation of the Policy occurred.

2. Please indicate how the selected ground(s) for appeal applies to your situation?

If needed, you may attach any additional documentation to this form to support your appeal.

For official use only – do not write in this box

Notification Date: _____

Appeal Administrator's Decision:

Submission Date: _____

_____ Deny the Appeal

Decision Date: _____

_____ Allow the Appeal to Proceed

Reason(s) for Denial (if applicable):