

SOUTHEASTERN LOUISIANA UNIVERSITY
OFFICE OF STUDENT CONDUCT
War Memorial Student Union Room 205
SLU 10390, Hammond, LA 70402 (985) 549-2213

APPEAL FORM

(Please Print or Type)

DATE SUBMITTED ____ / ____ / ____

HEARING DATE ____ / ____ / ____

NAME _____

W # _____

ADDRESS _____

PHONE # _____

I wish to appeal the decision of the Student Conduct/Administrative Hearing Board for the following reasons:

<Please indicate those that apply>

_____ **Procedural error**
(Submit documentation outlining specific error(s) which were in violation of your due process)

_____ **Substantial evidence not submitted for review in the hearing**
(Attach any new information that was not submitted during the review of your case)

_____ **Sanction (s) disproportionate to the offense**
(Submit documentation outlining how the sanction(s) was/were excessive or extreme for the violation(s) for which you were found responsible)

Student Signature _____

Date _____

NOTE TO APPELLANT: You must submit this form to the Office of Student Conduct within **five (5) working days** of being notified of the board's decision.

For Office Use Only

Date Submitted ____ / ____ / ____

Date forwarded to V.P. ____ / ____ / ____