

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 check those that apply>

_____ 1. **Procedural Error:** Whether the discipline process was conducted fairly and in conformity with the properly prescribed procedures. *(Submit documentation outlining specific error (s) which was/were in violation of your student rights.)*

_____ 2. **Substantial evidence not submitted for review in the hearing:** Whether to consider new information, sufficient to alter a decision, or other relevant facts not brought out in the original hearing, because such information and/or facts were not known to the person appealing at the time of the original Student Conduct Board Hearing. *(Attach any new information that was not submitted during the review of your case because you did not know of such information at the time of the original Student Conduct Hearing.)*

_____ 3. **Sanction(s) disproportionate to the offense:** Whether the sanction or remedy imposed was in due proportion to the gravity and nature of the conduct. *(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. ____/____/____

Date Appeal response forwarded to OSC ____/____/____