Student Conduct Appeal Request Form

Please submit this completed form to the Office of the Vice President for Student Life (Student Center, suite 240) by the appeal date indicated on 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 call 303-273-3288.

Student Name: ____________________________________________

CWID#: ____________________________  Today's Date: ____________________________

Phone: ____________________________  Email: ____________________________________________

Type of violation being appealed (select one):

______ Student Conduct Violation  OR  ______ Academic Misconduct Violation

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 original administrative conduct meeting.

______ Due Process: To determine whether the administrative conduct meeting and process was conducted fairly in light of the charges and information presented, and in conformity with prescribed procedures giving the involved parties a reasonable opportunity to prepare and present information about an alleged policy violation(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 Responding Party was supported using the preponderance of evidence standard to establish that a violation of the policy occurred.

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

NOTE: This ground is not permitted for Appeals regarding Academic Misconduct Violations.

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

If needed, you may write on the back or 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):