

Office of Student Conduct: Petition to Appeal

Revised 10/30/20

Submission Instructions

Student Information

You have expressed interest in appealing the outcome of your formal hearing completed through the Office of Student Conduct. In order for your appeal request to be granted, you must provide information that meets one or more of the reasons for appeal listed below. Please return this completed form to scs@uagc.edu within seven (7) business days of the date of your formal hearing outcome letter and include documentation. You will be notified of the status of your petition to appeal within 30 business days. If you have questions, please email scs@uagc.edu.

First Name: Last Name: Student		Student ID:	ID:	
Address:	City:	State:	Zip:	
Phone:	Email:			
Reason for Appeal				
Please check one or mo	ore of the following reasons for an appeal a	nd provide your explanation	in the box(es) below.	
	formation, unavailable during the original had its potential impact must be inc		e determinative. A	
☐ To assess whether	a material deviation from written procedure	es unfairly impacted the hear	ing;	
☐ To decide if a sanc conduct record of the s	tion(s) is substantially disproportionate to the tudent.	ne severity of the offense and	d/or the cumulative	
Acknowledgement Please read and acknowle	edge the following statements. Your appeal	will not be considered if this	section is blank.	
I am submitting this	s petition no later than 7 days after the issuadocumentation to support my appeal.			