

Community Code of Conduct Appeal Review Request Form

The student, student organization, or faculty member wishing to appeal a decision must complete this appeal form and submit it to the Director for Community Accountability within 2 business day from the date the outcome letter is sent. You may attach any accompanying information that you feel supports your appeal (letters, copies of papers, etc.).

Name _____ BUID _____

Address _____

Phone _____ Email Address _____

Based on the guidelines set forth in the Belmont University Code of Conduct listed in The Bruin Guide, a student, student organization, or faculty member has the right to appeal a hearing decision for the reasons listed below. Circle the appropriate box(es) to indicate the basis for your appeal and include facts for each appeal criteria in the lines below.

- **There is evidence that appropriate procedures were not followed which may have a bearing on the initial decision.**
- **New information that was not available at the time of the original hearing which may have a bearing on the initial decision.**
- **There is evidence of bias that may have a bearing on the initial decision.**

In the space below, please state the reason(s) for appeal and the supporting facts. You may also attach additional pages/documents if needed to fully provide information related to your appeal. Please note that your case for an appeal must be linked to one or more of the listed criteria above.

Upon submission, the Appellate Officer will review the request and can decide whether or not to grant an Appeal Review. If the request for an appeal review is not granted, the original decision and any sanctions will stand.

If an appeal review is granted, the student, student representative, or faculty member will not have direct participation in the review, except through the submitted Appeal Review Request Form and any accompanying materials with this document. **An Appeal Review is not a rehearing of the case, but rather the opportunity for the individual to prove that an error has occurred during the hearing or adjudication process.**

I understand that this form is a request for an appeal and not all requests are granted. I understand that an Appeal Review will take place without my direct participate, unless I or the appellate officer request otherwise.

Additionally, I attest that the information that I am giving is true and accurate.

Signature _____ Date _____

For Office Use Date Received: _____ Staff Initials: _____ Forward? Notes:
