

Office of Academic Affairs Danley Hall, Room 208 academicaffairs@ecok.edu

ACADEMIC CONDUCT REQUEST FOR APPEAL OF SUSPENSION

Name:	
Student ID	
Number:	
Specific Violation(s) Charged With:	
Date of Violation Hearing:	
Heard By:	
Decision Rendered/ Sanction Given	
Reason(s) for A	ppeal:
	Procedures were not properly followed and the errors or oversight substantially compromised the accused's due process rights. (Accused must explain specific due process errors and how the errors affected the outcome).
	New evidence, not reasonably available at the time of the hearing, is of sufficient importance to warrant reconsideration. (Accused must explain what new information is available and the reasoning as to why it was not previously presented).
Please provide a detailed explanation, including specific information, for each item you are appealing. You may attach additional pages if necessary.	
0: .	
Signature	
Date	

NOTE: This form must be completed and returned - along with any additional documentation - to the Office of Academic Affairs within two (2) university school days upon receipt of the suspension notification.