



# Student Academic Misconduct Appeal Request Form

Please submit this completed form to the Office of the Vice President for Student Life (Student Center, suite E240) within seven business days of the date of 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 contact the Dean of Students Office at 303-273-3288.

Student Name: \_\_\_\_\_

CWID#: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 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 investigation.
- \_\_\_\_\_ **Due Process:** To determine whether the investigation was conducted fairly in light of the charges and information presented, and in conformity with prescribed procedures giving the accused a reasonable opportunity to prepare and present information about the alleged violation. 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 accused student was supported using the preponderance of evidence standard to establish that a violation of the Policy occurred.

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

If needed, you may attach any additional documentation to this form to support your appeal.

<p><b>For official use only – do not write in this box</b></p> <p>Notification Date: _____ Appeal Administrator's Decision: _____</p> <p>Submission Date: _____ _____ Deny the Appeal</p> <p>Decision Date: _____ _____ Allow the Appeal to Proceed</p>	<p>Reason(s) for Denial (if applicable):</p>
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