University Policy #2020
Student Conduct Appeal Form

Name (Print) ___________________________________ Student ID # ____________

Address __________________________________________ Street ____________
_________________________________________ City ____________ State ____________ Zip ____________

Telephone ___________________________ Boise State Email ________________________________

Semester: Fall _______ Spring _______ Summer _______ Year ____________

Please review Section 9 of the Student Code of Conduct for complete details on the appeal process, which can be found at https://www.boisestate.edu/policy/student-affairs/code-of-conduct/

Appeals will be considered ONLY when you clearly articulate that at least one of the following reasons for appeal occurred. Please select the reason(s) for your appeal (select all that apply):

Policy Violation Appeal

___ A substantive procedural error occurred that significantly impacted the outcome of the hearing. Examples of a substantive procedural error may include substantiated bias by the Conduct Body or material deviation from the established procedures, including procedures in the Student Code of Conduct or a faculty’s course syllabus.

___ Significant new information related to the Code of Conduct violation(s) is now available which could not be obtained by the time of the original Conduct Body hearing, which would alter the Conduct Body’s finding of a policy violation.

NOTE: A summary of the new information and its potential impact must be detailed in the written appeal.

Sanction Appeal

___ The sanction(s) imposed is (are) grossly disproportionate to the violation.

___ Significant new information related to the Code of Conduct violation(s) is now available which could not be obtained by the time of the original Conduct Body hearing, which would alter the Conduct Body’s sanctioning decision.

NOTE: A summary of the new information and its potential impact must be detailed in the written appeal.

You must submit a concise (3-5 pages maximum) typed statement that addresses only the reasons for appeal that you selected above. This appeal form and your typed statement should be submitted to the Office of the Dean of Students (or emailed to srr@boisestate.edu). Hand-written appeals will not be accepted.

I understand that there is a timeline for appeals. If this paperwork is not submitted within 10 business days of my official notification of decision, I must articulate the extenuating circumstances that prevented me from filing.

Signature: ________________________________ Date: ________________

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Revised July 2019
Please Return Appeal Materials To:
Use Only
Office of the Dean of Students
1910 University Drive
Boise, ID 83725-1370
Phone: (208) 426-1527
srr@boisestate.edu

For Office of the Dean of Students

Appellate Board: Meeting Date_______________
___ Approved ___ Denied ___ No Action Taken

Revised 06/07/2018

Revised July 2019