



Policy #1065 / Policy #1060 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/deanofstudents/student-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 investigation. Examples of a substantive procedural error may include substantiated bias by the investigator or material deviation from the investigation procedures.**

NOTE: A mere deviation from investigation procedures is not a basis for considering an appeal unless significant prejudice is alleged to have resulted.

___ **The investigator erred when determining whether or not the findings of fact constitute a violation of this policy.**

___ **New evidence is available, which was unavailable during the investigation or sanctioning process, which could substantially impact the determination of whether a violation of policy occurred.**

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

___ **The sanction(s) imposed is (are) substantially disproportionate to the severity of the policy violation.**

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) by the date stated in the official notification of decision. Hand-written appeals will **not** be accepted.

I understand that there is a timeline for appeals. If this paperwork is not submitted within the 10 University business day appeal timeframe, I must articulate the extenuating circumstances that prevented me from filing.

Signature: _____ Date: _____

Please Return Appeal Materials To:

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 Use Only

Appellate Board: Meeting Date _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> No Action Taken