

ACADEMIC INTEGRITY APPEALS FORM

PURPOSE

decision of a suspension, please [use Form E2.4.3](#). To receive consideration, all requests must:

1. Be made within five (5) _____.

Please refer to the [Academic Integrity Policy](#) and the [Process for Documenting and Addressing Academic Misconduct Supporting Document](#) for details of both the process and the grounds for an appeal.

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C#:	
PHONE#:	
EMAIL:	
SCHOOL/PROGRAM	
COURSE NUMBER & NAME	

NAME OF INSTRUCTOR	
NAME OF CHAIR/PROGRAM LEADER	

What decision are you appealing? Please provide details.

Please provide details on why you believe you meet the ground(s) selected above.

What outcome are you seeking and why? Please provide details.

BEFORE SUBMISSION, PLEASE CHECK THE FOLLOWING

I have read the [Academic Integrity Policy](#) and the [Process for Documenting and Addressing Academic Misconduct Supporting Document](#) and understand the Policy and applicable processes.

I have completed this form to the best of my ability. The information I provided above is accurate and complete.

I have provided all supporting documentation that is relevant to this appeal request.

STUDENT SIGNATURE	DATE
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