



APPEAL REQUEST FORM

I. Student Information

Student Name: _____ Net ID: _____

Original Hearing Date/Time: _____

Notification of Decision Date/Time: _____

II. Requesting an Appeal

A student found responsible for academic misconduct may request an appeal in writing within **five (5)** university business days after notification of the original hearing panel's decision.

For an appeal to be considered valid, one or more of the following reasons must be cited and appropriately supported in the written request for appeal:

- 1. Substantial new evidence not available at the time of the original hearing.**
- 2. Procedural irregularities.**
- 3. The finding of responsibility was not consistent with the facts presented in the hearing.**

The Student Honor Code Council Director will evaluate the written request for appeal to determine whether an appeal hearing is warranted. If the appeal is granted, an Appeal Hearing Panel is formed following the same procedures as your original hearing. The members of the Appeal Hearing Panel shall be different than the members of the original hearing panel. Students are limited to one appeal per case. The decision of the Appeal Hearing Panel is final.

Your request for an appeal must be submitted to the Student Honor Code Office within **five (5)** university business days after notification of the decision of your original hearing. Please contact the Student Honor Code Office at (662)325-9151 if you have any questions or concerns.

Student Signature

I have been notified of the decision of my original Student Honor Code Council Hearing. I understand that a request for appeal must be submitted in writing, along with the Appeal Request Form, to the Director of the Student Honor Code Council Office within **five (5)** university business days.

Student Signature _____ Date _____

Office Usage: Receipt of Appeal Request

Date/Time _____ Staff Signature _____