

Request for Review

Name:			ID#:			
please p	print		_			
Address:						
	street	city	state	zip	RH/room #	
Home Phone: _		Cell Phone	»:			
Email address:						
	Review: The accused student hat: (please check any or all that apply)	as the right to request a revi	ew of the dec	ision of the	hearing body on	
		(1) the procedures set forth in this Code were not followed and, as a result, the decision was substantially affected;				
	(2) the sanction(s) imposed were not appropriate for the violation of the Code for which the Accused Student was found responsible; or					
	(3) new information, sufficient to alter the decision, or other relevant facts were not brought out in the original hearing because such information and/or facts were not known to the Accused Student at the time of the original hearing.					
review will not	Ill be limited to a review of the able conducted by anyone involved by Student Code of Conduct, Section of the second conduct, Section of the second conduct of the second condu		Nonacademic M	isconduct Par	t, B, Number 6: Review	
Student Signatu	ure		Date			
Received by S	tudent Affairs on:					

Date