

Student Conduct Appeal Request Form

Name: _____ Student ID: _____
PSU Email: _____ Phone Number: _____

In Conduct Hearings that involve allegations of sexual misconduct, the party submitting a complaint has additional rights. Please indicate whether you are a qualifying Complainant in a matter involving allegations of sexual misconduct (check one). ☐ Yes ☐ No

For more information about the rights of complainants and respondents please visit the Conduct website to review the [Student Code of Conduct](https://pdx.edu/dos/psu-student-code-conduct). (pdx.edu/dos/psu-student-code-conduct)

Appeal Request Directions

Submit this form, along with a typed explanation of your appeal, to the Office of the Dean of Student Life in SMSU 433 or via email to conduct@pdx.edu within **10 business days** of the date listed on your decision notification letter. All appeal requests are heard by the Vice President for Student Affairs or a designee.

Step 1: Identify your Appeal Type

I am appealing based on the following (check at least one):

- ☐ **There was an error in the conduct process.** Provide a typed and detailed description identifying the error(s) that took place, and demonstrate how the error(s) made a significant impact on the outcome. Reference the [Student Code of Conduct](https://pdx.edu/dos/psu-student-code-conduct) (pdx.edu/dos/psu-student-code-conduct).
- ☐ **Relevant evidence/information not available at the time of the original hearing has been discovered.** Information must be significant enough to have had an impact on the outcome. Provide a typed and detailed description.
- ☐ **The sanction(s) imposed were outside of the University's authority.** Provide a typed and detailed description that demonstrates how the imposed sanction(s) were outside of the University's authority..

Step 2: Identify the appropriate Hearing Body

- ☐ Director of Student Conduct & Community Standards
- ☐ Student Conduct Committee
- ☐ Other (please specify): _____

Step 3: Attach your appeal

Provide a typed explanation of your appeal, including a list of the specific decision(s) that you are appealing. Dissatisfaction with a decision is not grounds for an appeal.

I hereby confirm that all submitted information is accurate to the best of my knowledge.

Signature: _____ **Date:** _____

For Office Use Only: Hearing Date: _____ Appeal Deadline: _____ Initials: _____ Date: _____

Note for Hearing Office/representative: Before forwarding the form to the VPSA be sure to attach your typed statement.