

Todd Wehr Hall, Room 112
100 Grant Street
De Pere, WI 54115



Prevention Education and Student Judicial Affairs
920-403-3054
judicialaffairs@snc.edu

Request for Appellate Consideration Form

Name: _____

ID#: _____

Campus Address: _____

Phone Number: _____

Your completed appeal form must be returned to the Office of Prevention Education and Student Judicial Affairs , within 3 business days of receipt of your outcome letter.

Directions: *List below each decision you wish to appeal. Explain in detail the reasons for appeal and make certain that your reasons are substantial. Attach any related documents you have to support your stated reasons.*

The appeal authority will limit its review of the original hearing decision to the following three (3) categories. Mark with a check-mark the issues that will be addressed in your appeal. (Check **all** that apply.)

- ☐ 1. An alleged violation of the rights guaranteed to you as outlined in The Citizen.
- ☐ 2. The sanction imposed is too severe for the violation(s).
- ☐ 3. New and significant information that was not available at the time of the hearing has developed which has a bearing on the outcome.

Be advised that the decision to grant or deny an appeal will depend upon the clarity of this written request and upon the merit of its supporting documentation and argument. Attach additional pages to the form as needed. Please note, at any level of an appeal, the appellate authority may impose the same, less severe, and more severe sanctions.
