DISCIPLINARY APPEAL REQUEST FORM
TEXAS A&M UNIVERSITY-KINGSVILLE
DIVISION OF STUDENT AFFAIRS

Name of Student Requesting Appeal
___________________________________________________________________________

Student’s Address
___________________________________________________________________________
___________________________________________________________________________
Street                                                                                   City                                             State
Zip Code

Local Phone Number __________________________            E mail address ______________________________________

I am requesting to appeal the decision of ___________________________________________ made on ____________________________

Name of Hearing Officer / Hearing Body                                  Date of Decision

My appeal is based upon one or more of the following grounds: Please check your reason(s)

☐   a. A procedural or prejudicial error was committed. Provide an explanation of error believed to have occurred.

☐   b. The finding of facts obtained in the decision included substantial inaccurate information that affected the outcome of the hearing. Include a description of the information and why appellant considers it inaccurate.

☐   c. Specific evidence presented at the hearing is objectionable. The reason for the objection must be stated, i.e., why the evidence should not be considered.

☐   d. Evidence not offered during the hearing is now available. The reason(s) why the evidence was not offered at the hearing must be stated along with a description of the new evidence that is now available.

☐   e. The sanction imposed is excessive or inappropriate; the reasons for believing this must be stated in the appeal.

You must provide a detailed explanation on a separate attachment substantiating your basis for the appeal. Be sure to attach any other supporting documents.

I am aware of the following appeals procedures:

A student or organization may appeal the decision of the hearing officer to the next higher level of authority within the student disciplinary process. While all members of the university community have the right to request an appeal, a request for an appeal may not always be granted. If an appeals hearing is held, the decision of the appeals body is final (except in instances involving suspension or expulsion from the university, where the student may appeal one more level). The following points apply to all cases of appeal:

1. The appeal must be in writing to the appropriate person or body and submitted within the specified period of time. (within 3 business days after receipt of the decision or as specified in the notification letter).

2. The appeal must include the name of the individual or organization making the appeal, the action that is being appealed; the date the action took place and the grounds for the appeal (see #3 below).

3. Appeals must be made on the basis of one or more specific grounds as delineated on this form.

4. Upon receiving the appeal, the appropriate person or appeals body shall have 5 business days to convene to evaluate the request and determine if an appeals hearing is merited based on the criteria outlined above and if it has been filed in a timely manner.

5. If an appeal is merited, the appropriate person or appeals body shall have 10 working days to review the case and render a decision. If extenuating circumstances prevent either party from meeting this time frame, all parties involved will agree upon an alternate schedule.

6. The appeal hearing, if merited, shall be conducted in accordance with the procedural guidelines for hearings.

7. The appellant and a representative from the initial hearing officer or body shall be afforded the opportunity to present reasonable oral argument and file typewritten or reproduced material. The appellate body may call in other witnesses it deems necessary.

8. Upon review of the appeal, the person or body conducting the appeal may uphold, modify, send back to the hearing body for further consideration or completely reverse the original decision as appropriate. A written summary of the findings must be provided and should the decision be modified it should be in accordance with one or more of the conditions delineated in this code.

Signature Of Student Making the Appeal __________________________ Date __________________________

Received By: __________________________ Date & Time Received in Office __________________________

Staff Member