UNIVERSITY OF DENVER
Student Life Division
Office of Student Conduct

APPEAL FORM

PLEASE COMPLETE THIS FORM AND SAVE A COPY TO YOUR COMPUTER. THEN, EMAIL A COPY OF THE COMPLETED FORM TO KRISTIN OLSON, DIRECTOR OF THE OFFICE OF STUDENT CONDUCT AT KRISTIN.OLSON@DU.EDU.

NAME:	DUID#:	CASE NUMBER:

REASON (S) FOR APPEAL (CHECK ALL THAT APPLY):

- ☐ THE EXISTENCE OF PROCEDURAL ERRORS SO SUBSTANTIAL THAT IT GREATLY IMPACTED THE HEARING DECISION;
- ☐ THE HEARING DECISION IN THE ORIGINAL HEARING IS CLEARLY NOT SUPPORTED BY THE INFORMATION PRESENTED;
- ☐ PRESENTATION OF NEW AND SIGNIFICANT EVIDENCE WHICH WAS NOT REASONABLY AVAILABLE AT THE TIME OF THE INITIAL HEARING AND WOULD LIKELY ALTER THE HEARING DECISION; AND/OR
- ☐ THE IMPOSITION OF AN ARBITRARY OUTCOME.

NOTE: NOT AGREEING WITH THE HEARING DECISION IS NOT GROUNDS FOR APPEAL.

EXPLANATION FOR APPEAL: