This form must be submitted within five (5) class days of receiving the decision.

Student Name:   _______________________________________________________________________

Student Phone Number:   _______________________________________________________________

Student Email:   _______________________________________________________________________

A file review by the Associate Director of Student Affairs will determine whether an appeal hearing is necessary. If a hearing is deemed necessary, the Office of Student Affairs will contact you.

Availability: Please list all times between 8am and 5pm that you would be available for a potential appeal hearing.

Monday:   _______________________________  Thursday:   _______________________________

Tuesday:   _______________________________  Friday:   _________________________________

Wednesday:   _____________________________

Please read below and list the basis or bases you are appealing. You may appeal on one or all of the following; however, you must include supporting facts for each appeal criteria in the lines below. See Section 3 of the Student Conduct Code for further information at: https://dos.fsu.edu/srr/conduct-codes

1. **Due process errors** involving violations of a charged student’s fundamental due process rights (Section 1.f) or a complainant’s rights (Section 1.h) that substantially affected the outcome of the initial hearing.

2. Demonstrated **prejudice** against any party by the person presiding over the hearing. Such prejudice must be evidenced by a conflict of interest, bias, pressure, or influence that precluded a fair and impartial hearing.

3. **Newly discovered, relevant information** that was not reasonably available at the time of the initial hearing that would have substantially affected the outcome of the initial hearing.

4. A sanction that is **extraordinarily disproportionate** to the violation committed.

5. The **preponderance of the evidence** presented at the hearing does not support the finding with regard to responsibility. Appeals based on this consideration will be limited solely to a review of the record of the initial hearing, except newly discovered evidence may also be considered.
In the space below, please state the reason(s) for appeal, the supporting facts, and the recommended way to correct the error.

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I understand that if a student fails to appear at a scheduled appeal hearing without attempting to cancel, they waive the right to appear at the hearing. The scheduled hearing may be heard in the charged student’s absence.

If a student attempts to cancel a scheduled appeal hearing, they must provide official documentation supporting a valid reason for cancellation. Once an appeal hearing has been scheduled, requesting a postponement due to a criminal court case is NOT a valid reason for cancellation.

Cancellation documentation must be received in the Office of Student Affairs five (5) class days prior to the scheduled appeal hearing. The documentation will be reviewed by the Associate Director or designee prior to granting a rescheduled appeal hearing. The Associate Director will make the final determination and notify the student by phone, email, and/or in writing.

By submitting this form, you certify that the above information is correct and that you have read and understand the terms of this agreement.

Signature: ____________________________________________ Date: _____________________