



APPEAL OF ACADEMIC MISCONDUCT ALLEGATION FORM

Use this form to provide documentation of non-responsibility of Academic Misconduct or to appeal a sanction issued for Academic Misconduct.
 Appeal of Academic Misconduct Procedure - ES 4670

Please type or print. Upon completion, please submit this form to Judicial Officer. This form must be submitted within 10 (ten) business days of the date the Academic Misconduct Report was received.

Student's Name _____	Student ID # _____
Address _____	Phone Home _____
_____	Phone Work _____
Course Number _____ Section _____	Course Title _____
Instructor's Name _____	Campus _____

This form indicates my desire to:

- _____ 1. Accept responsibility for the alleged violation, but appeal the proposed sanction.
- _____ 2. Deny responsibility for the alleged violation and appeal the proposed sanction.

In the space below, please provide all relevant details and attach any documentation in support of your appeal. Use additional sheets if necessary. A copy of the Academic Misconduct Report Form filed by the originator must accompany this form.

My signature indicates that I declare all statements made herein and any attachments are true and correct to the best of my knowledge and belief. I hereby authorize all DMACC officials to conduct whatever investigations may be necessary in considering this request.

_____ Student Signature _____ Date _____