Clackamas Community College

**Alleged Misconduct**

**Disciplinary Appeal Form**

Students wishing to appeal the notice of disciplinary finding imposed by the Associate Dean of Academic Foundations and Connections (AFAC) or designee must, within five (5) working days of receiving the notice, complete and submit this form to the Office of the Dean of AFAC, Community Center, room 104. If a request is not received within five (5) working days, the request for appeal shall be deemed waived.

Date Received:

Initial:

**NAME OF STUDENT FILING APPEAL**

Name:_____ Student ID:_____ Date:_____

Phone :_____ Email:_____@student.clackamas.edu

I am requesting to appeal the decision of _____made on_____.

*Name of Associate Dean/Designee* *Date of Decision*

**Student's Written Case:** Please provide your account of the incident pertaining to the alleged violation of the Student Code of Conduct . Include dates and other applicable information as it relates to the disciplinary findings. Attach a separate page if more space is needed.

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**Discipline Sanction Appeal:** Briefly describe the disciplinary findings. If you expect to receive a different outcome, please attach the letter you received and identify which part (s) warrants different findings. Use an additional sheet of paper if necessary.

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**Other Relevant Information:** Please provide any additional information you feel is appropriate as it relates to your case. You may also include any other documents related to your case, such as emails.

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**Statement of Understanding**: Please read and initial all of the following to acknowledge that you understand Clackamas Community College's Disciplinary Appeal Procedures.

_____ I have read CCC's Student Code of Conduct in the current academic year's Student Handbook.

_____ I understand that this form must be submitted to the Office of the Dean of AFAC (CC 104) within five (5) working days of receiving the imposed sanction. Failure to do so will waive my right to appeal the sanction.

_____ I understand the importance of maintaining confidentiality and respect for all parties involved during the Appeal Process.

_____ I have completed the Appeal Form in its entirety and the statements herein are true and accurate.

_____ I understand that the Dean of AFAC will uphold or deny the disciplinary finding with ten (10) working days of receiving the completed Appeal Form.

_____ I understand that the Dean of AFAC's decision is final, except in cases of expulsion.

| _____ | _____ | _____ |
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| Printed Name | Signature | Today's Date |