**Request for Due Process – Appeal Form**

**Student Information**

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| --- | --- |
| Print Name: | Date: |
| Program:  | Phone: |
| E-mail: | Alternate Ph: |

**Decision Being Appealed** (Please specify whether this is a first or second level appeal)

* Academic

 Specific Action being appealed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Discipline

 Discipline action being appealed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Informal Appeal**

Was an informal appeal made directly to the educator/clinical coordinator involved?

* Yes Date: \_\_\_\_\_\_\_ Name of educator/clinical coordinator:
* No

What resolution was proposed during the informal appeal process?

**Formal Appeal**

I chose to appeal based on the following criteria (check all that apply):

* The decision was not supported by the information – ***Describe why and how the decision was not supported by the information***
* The policies and procedures in the KPSAHS Catalog were not followed – ***Describe***  ***how the procedures were not followed***
* New relevant information is available that was not available at the time the decision was made – ***Describe the new and relevant information and why it was not available at the time the decision was made***

Please attach your typed responses and any other documentation to this form.

**I understand that submission of this appeal will follow the stated timelines as found in the KPSAHS Student Catalog.**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| Program Director Notified: | Signature: Date: |
| Admissions and Records Processed by: | Signature: Date: |