**Request for Disciplinary Process Appeal Form**

*Submit the form and any accompanying documentation to the program director. If the program director participated in the disciplinary decision that gave rise to the student’s appeal, then the student should submit the form and any accompanying documentation to the dean of academic affairs (**academic.affairs@kpsahs.edu**).*

**Student Information**

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

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Office Use Only

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_