

Dean of Students Office

700 Park Avenue, Suite 307, Norfolk, Virginia 23504 Tel: (757) 823-2152 Fax: (757) 823-2297

Web: www.nsu.edu

Student Conduct Appeal Form

The application for appeal must be filed with the Dean of Students Office, Suite 307 in the Student Services Center, within three (3) business days from the date of the resolution of your conduct meeting.

Date:	te:	
Stude	ident's Name:	I.D. No. #
On-Ca	-Campus Address (Residence Hall/Room #):	
Home	me Address:	
Conta	ntact Telephone: ()	
Date of	te of Conduct Conference/Formal Hearing:	
Please	ease check the following statement(s) that apply to the grou	nds for your appeal:
1	To determine whether the conduct conference/hear conformity with prescribed procedures	ring was conducted fairly and in
2	To consider new evidence unavailable during the o	original conduct conference/hearing.
3	To consider whether the sanctions imposed were d	disproportionate to the policy violation.
Please circle or highlight the following of whom you are requesting to review your appeal:		
1.	The Dean of Students	
2.	Appeals Hearing Board (Comprised of one staff, one fac Associate justices)	ulty, and three students (Chief Justice, two
NOTI	OTE:	
	You are advised to attach your typed appeal stating the spestatement of the facts supporting such grounds. Also, ple received from the conduct conference or hearing.	
	All sanctions issued will be suspended until such a time tuphold, deny, modify, or remain as issued is delivered.	hat an appeal is heard and a decision to
	Signature:	Date: