

The University of Findlay Student Academic Standards Committee

Academic Dishonesty Appeal Form

This form is to be used to challenge an Academic Dishonesty charge or the penalty associated with the charge.

Name: _____ ID: _____

Email Address: _____ Phone: _____

Program(s) of Study: _____ Advisor: _____

For your appeal to be reviewed by the Committee, please submit the following:

- Student Statement (**Required**) – Use the space provided on page 2 or attach a separate document.
 - Explain the action you seek from the Committee.
 - Provide the reasons or justification for your request.
 - Include any other information supporting your appeal.

- Faculty Advisor or Advocate Statement, signed and dated (**Required**)

NOTE: The Committee may request additional information from any involved party during the review of the appeal. The Committee will also review the Academic Dishonesty Report of your charge.

<i>I understand that the decision of the Student Academic Standards Committee is final.</i>	
_____	_____
Student Signature	Date

Appeals will not be reviewed by the Committee until this form and all required components have been received by the Office of the Registrar (registrar@findlay.edu).

Student Statement

A large, empty rectangular box with a thin black border, intended for the student to write their statement.