Texas A&M University-Corpus Christi Request for Appeal Form

1.	The hearing took place on (date)
2.	Please check the appropriate statement below: I did appear for my hearing I did not appear for my hearing.
3.	I was assigned one of the following sanctions (only cases resulting in one or more of these sanctions are eligible for appeal): Restricted Access Housing Eviction Suspension Expulsion Banned From Campus
4.	I understand that I have 5 business days from the day my outcome notification was sent to submit my request for appeal. I acknowledge that I may only appeal if my situation falls within one of the categories listed below. I choose to appeal based on the following criteria (check all that apply): Guidelines: To determine whether the hearing was conducted in conformity with prescribed guidelines. Deviations from designated guidelines will not be a basis for sustaining an appeal unless significant prejudice to the alleged violator results. New Information: To consider new information sufficient to alter a decision or other relevant facts not brought out in the original hearing because such information and/or facts could not have been known to the alleged violator at the time of the original hearing.
	All requests for appeals must be typed and submitted along with this form. The typed letter must include specific details outlining how the case falls under the category listed above. Any requests received after 5 business days from the date of the sanction notification will be void. All appeals are a <i>request</i> for reconsideration and may be denied. All decisions regarding appeals are final. Please address your letter of appeal to:
	Associate Dean of Students' Office Texas A&M University-Corpus Christi 6300 Ocean Drive Unit 5792 University Center Room 206 Corpus Christi, TX 78412
	Name: (please print)ID#
	Signature:Date Received: