Academic Integrity Appeal Form – Page 1 of 2

HAWKEYE COMMUNITY COLLEGE

ACADEMIC INTEGRITY VIOLATION – STUDENT APPEAL

DIRECTIONS (Please type or print):

- This form must be submitted within 7 (seven) calendar days of notification by your instructor that you have violated the Academic Integrity Code.
- Submit the completed form, and any attached documentation, to the Dean of Students Office (Student Services Office -- 2nd floor of the Hawkeye Center).
- The Dean of Students will review the form, confirm that you have submitted the form within seven days, and then convene a hearing before the Academic Appeals Review Board.
- You will be notified of the time and place of that hearing. You will be expected to attend.
- If you cannot attend, the rationale and evidence you provide on this form will be your only input.

Student’s Name ___________________________________________ Student ID # __________________
Address __________________________________________________ Phone: __________________________
_____________________________________________________________________________________
Course Title _____________________________ Number ____________ Section ____________
Instructor’s Name ___________________________

Please write your rationale for why you believe you did not commit the academic integrity violation reported by your instructor, or attach a written report. Include any documentation to support your claim. Attach additional sheets as needed.

Signature of Student ____________________________________________
Date Submitted __________________________________________

To be completed by the Dean of Students:
I verify the student has met the timeline to submit an academic integrity violation appeal. If the student has not met the timeline, the appeal is automatically denied.

Signature of Dean of Students_______________________________ Date________________

Academic Appeals Review Board notified: _________________ (date)

Review Board hearing to be held on _____________________ (date) at _________________________________ (place)

Student notified of hearing:______________________________ (date)

Instructor notified of hearing:____________________________ (date)

**Decision of the Academic Appeals Review Board**

Summary of Decision

Student and instructor notified in writing: _________________ (date)

*(This form and all documentation is retained by the Dean of Students)*