

Office of Undergraduate Academic Integrity

385 West Campus Drive Hillcrest Hall, Room 103 (0909) Blacksburg, Virginia 24061 540-231-9876; honorsys@vt.edu www.honorsystem.vt.edu

## **Hearing Appeal Request Form**

Student Name:	Student ID #:
Original Hearing Date:	Time:
A student found responsible for academic misconduct has ten (ten) class days after being notified of the dec Director of the Office of Undergraduate Academic Interpretation of the Considered valid, one or more of the Supported in the written request for appeal:	ision to request an appeal hearing in writing to the egrity.
must have been unavailable prior to or during t chose at the time not to share or obtain. □ Procedural irregularities.	
Please check all above that apply to your request, and sappeal hearing to the Office of Undergraduate Academ request outlining the reasoning behind the request for student would like to be considered.	nic Integrity. <i>All appeals should include a written</i>
The Director of the Office of Undergraduate Academic determine whether an appeal hearing is warranted bas hearing is granted, members of the appeal hearing par original hearing panel and will be drawn from the Hono in the appeal hearing is final.	ed on the allowed reasons for an appeal. If the appeal are will be different from those who served on the
Your request for an appeal must be submitted to the C ten(10) class days after being notified of the decision of Undergraduate Academic Integrity at (540) 231-9876 if	of your original hearing. Please contact the Office of
Student Signary I have been notified of the decision of my original understand that a request for an appeal must be in the Director of the Office of Undergraduate Advanced to the Director of the Office of Undergraduate Advanced to the Director of the Office of Undergraduate Advanced to the Director of the Office of Undergraduate Advanced to the Director of the Office of Undergraduate Advanced to the Director of the Office of Undergraduate Advanced to the Director of the Office of Undergraduate Advanced to the Director of the Office of Undergraduate Advanced to the Director of the Office of Undergraduate Advanced to the Director of Undergraduate Undergr	nal Undergraduate Honor System Hearing. I writing, along with the Appeal Request Form, to
Student Signature	Date
Office Use Only: Receipt of Appeal Request	
Date/TimeSta	ff Signature