M.V.C.C. CAMPUS REQUEST FOR TITLE IX APPEAL

ALL SPACES ON THIS FORM MUST BE COMPLETED. PLEASE PRINT CLEARLY.

Name _____

Local Address: _____ **Telephone (_____) _____-_____**

Cell (_____) _____-_____ M number: _____

Primary E-mail: _____

Major: _____ **Credits Completed:** _____

Please clearly identify the reason for requesting the appeal from the options as noted below:

Appeals must be submitted to the Title IX Investigator or designee within five (5) business days after the date of the written decision described in the paragraph above or *The student may appeal the written meeting decision for the following reasons only:*

A. A procedural error that unfairly and materially affected the outcome of the disciplinary hearing.

B. "After acquired" information that is relevant to the alleged violation [information that was discovered only after the conclusion of the disciplinary meeting, could not reasonably have been discovered prior to or during the hearing, and which, if previously known, would have had a significant bearing on the outcome of the disciplinary hearing. The information must be provided within the narrative.]

C. Clear abuse of discretion on the part of the Title IX Investigator or the Title IX Appeals Board.

D. A sanction that is unreasonably severe in light of the offense(s) committed.

Please select reason for your appeal, based on the criteria above. You may select more than one. A____ B____ C____ D____

Please provide a narrative of your request below. This IS NOT a statement of the incident, but rather an explanation of why your appeal should be heard:

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I understand that this form is my **REQUEST for an appeal hearing**. I understand that if this request is approved, a formal appeal hearing will be scheduled where I may present my defense, with appropriate witnesses allowed. I further understand that there will be no additional opportunity to request an appeal once a decision is made regarding this request.

_____ _____

Signature **M number**

_____

Date