

BLINN COLLEGE DISTRICT DISCIPLINARY APPEAL FORM

Return Completed Form to: Administration Building, Suite 213 or
Email student.conduct@blinn.edu

(Please Print)

Name: _____ Date of Birth: _____ Blinn ID#: _____

Address: _____ City & State: _____ Zip: _____

Email Address: _____ Mobile #: _____

Please include the following information and continue on back of form if necessary:

Date of alleged act:	Place of alleged act:
Description of alleged act(s) or violation (s):	
Description of Charge(s):	
Date of Student Conduct Coordinator Decision:	Date of Court Hearing: (If Applicable)
Circumstances that you feel should be reviewed:	

Will there be any changes in your academic status during and after the appeal process? Explain.

Student's Signature

Date

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Explanation of appeal circumstances continued from front page:

***You may attach any additional information in regard to this appeal.**

Do Not Write Below This Line:

Appeal Hearing Outcome Information:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Modified/Adjusted
Submission Date: _____	Student Notified: <input type="checkbox"/> yes <input type="checkbox"/> no	Copies sent to: ____ Dr. Becky McBride Vice Chancellor of Student Services ____ Dr. Adrienne McCain Dean of Title IX & Student Conduct ____ Jessica Brisco Student Conduct Coordinator
Date of Outcome: _____	Date Letter Emailed: _____	
Comments:		