Coastal Carolina University
REQUEST FOR APPEAL FORM

Student’s Name: ___________________________ ID: ___________________________
Address: ___________________________ Phone: ___________________________

INSTRUCTIONS FOR STUDENT

Submit this completed form and a written appeal letter within seventy-two (72) hours of the
decision to the Dean of Students Office at any of the following:

- Kearns Hall, Suite 105;
- Fax to (843) 349-2316; or
- Email to conductappeals@coastal.edu

By: (Date) ___________________________

In this written appeal, you must:

☐ Specify the decision(s) and/or sanction(s) that you wish to appeal.
☐ Specify the reasons for your appeal:
  ▪ New information is available which may have an impact on the decision. Include
    why such information was not available and not presented at the
    resolution/hearing.
  ▪ Procedures as outlined in the Code of Student Conduct were not followed.
☐ Make certain that your reasons are substantial, verified and clearly articulated.
☐ Attach the written appeal letter and any related documents to support your stated
  reasons.

The designated appeal authority will review the appeal. An appeal WILL NOT be considered
unless it adequately addresses content specified above. The appeal authority will make a
decision to 1) uphold the decision; 2) modify the decision; 3) require a new hearing. The
decision will depend upon the clarity of this written request and merit of supporting
documentation.

All communication regarding your appeal will be conducted via your Coastal Carolina
University email account.

__________________________________________   _______________________
(signature of student) (date)