



*Division of The Columbus State University Student  
Government Association & The Judicial Council*

**Appeal Request Form**

In order for your appeal to be considered, you must complete the following information in its entirety and submit it along with your written appeal explanation to the Chief Justice within 3 business days of the date of your original hearing. Appeals received after this period will not be considered. Incomplete forms will not be considered.

Name: \_\_\_\_\_

Hearing Date: \_\_\_\_\_ ID#: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Campus/Local Address: \_\_\_\_\_

**I am appealing a decision made by:**

President Walker

Speaker Proffitt

Chief Justice Yarborough

Treasurer Murray

VPSA Dixon

Speaker Wilder

**I am appealing: (check at least one)**

The findings of responsibility (guilt) for the following charge(s):

\_\_\_\_\_

The following sanction(s):

\_\_\_\_\_.

**I am appealing based on the following ground(s): (check at least one)**

**New evidence:** There is new evidence which will substantially alter the Judicial Board's decision. (NOTE: the evidence must not have been available at the time of the original hearing).

**Due Process:** The hearing was not conducted in conformity with prescribed procedures, and there was a substantial departure from, or the denial of rights or procedures, which effectively precluded a fundamentally fair hearing. (Minor deviations from designed procedures are not a justification for an appeal unless significant prejudice to the student resulted).

**Punishment/Sanction Too Severe:** The sanction is unduly harsh or arbitrary and not appropriate for the violation (NOTE: Simple dissatisfaction with a punishment/sanction is not grounds for overturning a sanction under this provision).

Along with this form, you must attach your written appeal explanation, relative to one or more of the grounds noted above. Please refer to the Chief Justice for a full description of grounds for appeal.

Student Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Please return this form, with your written appeal to the Davidson Student Center 207, Office #203 (SGA Office). A final decision will be emailed to you by the Chief Justice.

Notification Date: \_\_\_\_\_

Decision Date: \_\_\_\_\_

Appeal Decision:

Deny the Appeal \_\_\_\_

Allow Appeal to Proceed \_\_\_\_

Signature:

\_\_\_\_\_  
(Chief Justice)

Signature

\_\_\_\_\_  
(Justice)

Signature:

\_\_\_\_\_  
(Justice)

