



Office of Student Services and Dean of Students
276 Patton Lane, Harriman, Tennessee 37748
PH: (865) 882-4550 FAX: (865) 882-4547

SUMMARY ACADEMIC MISCONDUCT APPEAL FORM

TO BE COMPLETED BY INSTRUCTOR:

Student Name: _____ Student R Number: _____

has been charged with Academic Misconduct in:

Course: _____ Semester: _____

For Academic Misconduct including, but not limited to: _____

With an academic misconduct sanction/consequence of: _____

Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Note: Student signature acknowledges receipt of this form, not agreement with the academic misconduct allegation. If student refuses to sign, Instructor may note on student signature line that student was notified but refused to sign.

TO BE COMPLETED BY STUDENT AND RETURNED DEAN OF STUDENTS:

As a result of this alleged charge, I have been advised of my right to appeal this decision through the office of the Dean of Students. I choose one of the following options, thereby waiving the other listed options:

(Please check one of the following as the chosen option.)

_____ I choose to have my case informally adjudicated by the RSCC Dean of Students.

_____ I choose to have an Institutional Hearing, to follow the appeals process outlined in the Roane State online Student Handbook.

_____ I have decided not to contest the instructor's decision and waive my right to any of the hearing processes listed above.

Failure to return this form to the Dean of Students Office at RSCC within five (5) business days of receipt of the form shall constitute a waiver of all hearing options.