# Request For Appeal Academic Integrity



## STUDENT INFORMATION

| Full Name:          |               |
|---------------------|---------------|
| Student ID Number:  | Phone Number: |
| FalconMail Address: |               |

# All College responses will be sent to your FalconMail account.

Academic integrity violations are serious matters that warrant thoughtful reflection and clear evidence. Appeals must demonstrate a clear understanding of the situation, provide supporting documentation, and outline any extraordinary circumstances. Incomplete submissions will not be reviewed. This appeal must be submitted within 7 calendar days of receiving the Instructor's Report.

If you wish to appeal the Instructor's Academic Integrity Report, please complete all fields below, respond fully to the personal statement section, and attach any supporting documentation. Documentation may include drafts, outlines, screenshots of your process, or other evidence that supports your appeal.

You are encouraged to consult with the Student Advocate for assistance and guidance. (StudentAdvocate@DaytonaState.edu)

## **COURSE INFORMATION**

| Course Subject and Section:         |         |
|-------------------------------------|---------|
| Class Number:                       |         |
| Semester: ☐ Spring ☐ Fall ☐ Summer  | Year:   |
| Sub-Session: ☐ A ☐ B ☐ Full ☐ Other |         |
| Faculty Name:                       |         |
| Last Date Attended:                 | <u></u> |

# PERSONAL STATEMENT (REQUIRED)

Explain the situation that led to the Instructor's Academic Integrity Report. Be honest, specific, and reflective. If you believe the violation was issued in error or due to extraordinary circumstances, clearly describe those events. Be sure to address the following:

- What occurred?
- Why do you believe an appeal is warranted?
- What evidence supports your claim?
- What actions will you take to prevent future issues?

| Write your statement here or attach a separate typed document:  |                           |
|---|---------------------------|
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| APPEAL CHECKLIST  |                           |
| ☐ I have completed all sections of this form.   |                           |
| ☐ I have attached a personal statement (either in the space provi   | ded or as an attachment). |
| ☐ I have included supporting documentation (drafts, outlines, scre  | ·                         |
| ☐ I understand that incomplete or late appeals will not be reviewed   | ·                         |
| extenuating circumstances.  |                           |
|   |                           |
| SUBMISSION INSTRUCTIONS   |                           |
| Submit this completed form with all attachments by email or in per  | rson to:                  |
|   |                           |
| Office of Student Development   |                           |
| Daytona Beach Campus, Building 100, Suite 119 1200 W. International Speedway Blvd., Daytona Beach, FL 32114 | 1                         |
| P: (386) 506-4510     F: (386) 506-4458   | •                         |
| Appeals@DaytonaState.edu  |                           |
|   |                           |
| Student Signature   | Date                      |
|   |                           |
|   | FOR OFFICE USE ONLY       |
|   | RECEIVED BY:<br>CAMPUS:   |
|   | INTAKE DATE:              |