Academic Integrity Appeal Form



STUDENT INFORMATION				
Name:				
First	Middle Initial	Last		
Student ID:	Email:			
Program of Study:				
Street Address:				
City:	State:	Zip Code:		
Phone Number:		Date of Birth:		
ACADEMIC IN	ITEGRITY APPEAL	. COURSE INFOR	MATION	
Semester and Year of Appeal:	Course F	Prefix and Number: _		
Course Instructor:			If Applicable	
I have read and understand the Academic Int catalog.	egrity Appeal Proc	ess of Mercy Colle	ge of Ohio as stated in the co	ollege
Student Signature				Date
Complete academic integrity appeal procedu	res are detailed in	the College Catalo	g.	
A complete academic integrity appeal reques	st will include the f	ollowing:		
 An Academic Integrity Appeal Form; 	in morade the r	5.1.5 tt.1.1.B.		
 A written statement that includes wh integrity violation; and 	ny the student disa	grees with the dec	ision for dismissal of the aca	demic
 Any documentation supporting the re 	easons for disagree	ement.		
Once complete, this form and all required do	cuments should be	submitted to the	appropriate <u>Division Dean</u> fo	or review.
Office: Student Records	Processed	l by:Staff Initials	Date:	