**Request for Appeal**
Procedure for Safety Infractions

Student Name: _____     Student ID: _____

Program Name: _____     Program Instructor: _____

## Incident 1:

Location: _____     Date: _____

Description of Event and Safety Violation:

## Incident 2:

Location: _____     Date: _____

Description of Event and Safety Violation:

## Incident 3:

Location: _____     Date: _____

Description of Event and Safety Violation:

## Additional Information for consideration in the Appeal Process:

I understand in submitting this appeal, the Vice President of Academic Affairs or his/her appointee will contact the student via school email within ten (10) business days. If there is reasonable evidence to support an appeal, the date and location of the appeal will be scheduled within the ten (10) day window.

_____          _____

Student's Signature                                                      Date

Date Received by Academic Affairs: _____