College of Health and Human Services

Professional Behavior Violation Appeal Request

Date:	
Name:	
Student ID #:	
Program:	
Disciplinary Action appealed:	
Grounds for appeal (check one a	nd give rationale below):
☐ Procedural errors related to th dismissal determination	e Program's established policies have substantially affected the
	on has become available that could not have been discovered or sudent during the review at the School and/or Program level
Rationale:	
	ion for all materials from the Program and/or School appeals fessional Behavior Committee panel for review.
Student Signature	 Date

Please forward completed form to the Professional Behavior Committee co-chairs, Dr. Nicole Hall (njhall@salisbury.edu) and Dr. Christina Camillo (cgcamillo@salisbury.edu).