College of Health and Human Services

Professional Behavior Violation Appeal Request

Date:

Name:

Student ID #:

Program:

Disciplinary Action appealed:

Grounds for appeal (check one and give rationale below):

☐Procedural errors related to the Program's established policies have substantially affected the dismissal determination

☐New and significant information has become available that could not have been discovered or provided by a properly diligent student during the review at the School and/or Program level

Rationale:

By signing this form, I give permission for all materials from the Program and/or School appeals process to be forwarded to the Professional Behavior Committee panel for review.

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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).