

**Kansas State University**  
**Student Governing Association**  
**Judicial Branch**

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**APPEAL REQUEST FORM**

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*Please print clearly with a pen or type the information on this form. Deliver this form to the Office of Student Activities and Services on the ground floor of the KSU Student Union, and include a copy of the original complaint form and notice of primary decision. All appeals must be received by 5:00 PM within three (3) class days following the written notification of the primary decision. **You must get the certification box at the bottom filled out when you submit this form.** Please retain a copy of this form for your records and refer to the SGA Judicial Code (available online at: <http://www.ksu.edu/osas/judicial4.htm>) for additional information on appeals.*

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Case #:** \_\_\_\_\_

**Hearing Board:** \_\_\_\_\_

**To:** Attorney General, OSAS Office, K-State Student Union, ground floor

**From:** \_\_\_\_\_ Name (please print)

\_\_\_\_\_ Address

\_\_\_\_\_ Telephone number

\_\_\_\_\_ Email address

\_\_\_\_\_ Signature

I wish to appeal the primary board's decision on the following grounds: *(check as many as apply)*

1. The hearing board failed to provide a fundamentally fair process, including
- a. defective notice
  - b. failure to follow written procedures and rules as outlined in the SGA Judicial Code
  - c. lack of substantial evidence to support finding a violation
2. The hearing board reached a decision in an unjust manner including, but not limited to, the presence of
- a. bias
  - b. unreasonable, arbitrary, or capricious action
  - c. discrimination on the basis of race, religion, color, sex, physical ability, national origin, sexual orientation, or ancestry
3. The hearing board denied me my constitutional rights.
4. The sanction is too harsh.
5. The hearing board lacked jurisdiction.

*On the back/following page of this form please give all information that supports your grounds for appeal. You may attach any supporting documentation and use as many pages as necessary. Because appeals are typically based solely on the review of written and audio record of the primary hearing, you will likely not be permitted to testify or call witnesses at the appeal. Therefore, all evidence should be submitted in writing.*

**For Office Use Only**

This appeal request was received on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m. /p.m.,  
at \_\_\_\_\_ (please specify building or office).

By: \_\_\_\_\_ (printed name) Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**Grounds for Appeal:**

*Please use a pen or type the description. Be as detailed and thorough as possible. Provide the information in an orderly and chronological manner. Please avoid using pronouns to describe people involved in this complaint. Please attach additional information if necessary.*

*For additional information please consult the KSU SGA Judicial Code or contact the Attorney General in the Office of Student Activities and Services at 532-6541.*