

FINLANDIA UNIVERSITY

ACADEMIC INTEGRITY APPEALS FORM

In order for your appeal to be considered, you must complete this form in its entirety and submit it and any accompanying documents to the appropriate College/School Dean or Department Chair within three (3) business days from the date of the notification of the written outcome.

Name: _____ Student ID: _____

Campus Email: _____

Use the space below to state the grounds for the appeal. Provide strong supporting information for those grounds. Attach additional pages, if necessary.

<hr/> Student Signature	<hr/> Date

For Dean/Department Chair Use Only:

Please attach investigation notes.

Appeal Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Decision Date: _____ _____	Comments/Outcome:
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Dean/Department Chair Signature

Date