



# **Roane State**

## **COMMUNITY COLLEGE**

276 Patton Lane  
Harriman, Tennessee 37748

### ACADEMIC MISCONDUCT APPEAL FORM

#### TO BE COMPLETED BY STUDENT AND RETURNED TO THE CHAIR OF THE ACADEMIC MISCONDUCT APPEALS COMMITTEE

Student Name: \_\_\_\_\_ Student R Number: \_\_\_\_\_

Course Name and Section: \_\_\_\_\_

Semester: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

As a result of this charge of academic misconduct, I have been advised of my right to appeal this decision to the Academic Misconduct Appeals Committee. I choose one of the following options, thereby waiving the other listed option:

**(Please check one of the following as the chosen option.)**

\_\_\_\_\_ I choose to have an Institutional Hearing, to follow the appeal process outlined in Roane State's Policy SA-06-01, Student Discipline.

\_\_\_\_\_ I have decided not to contest the instructor's decision and thereby waive my right to an appeal.

**Student Response Narrative (not required)**

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Failure to email this form to the Chair of the Academic Misconduct Appeals Committee within five (5) days of receipt of the form shall constitute a waiver of all hearing options.

Chair of Academic Misconduct Committee:  
Dr. Shelley Esquivel  
[esquivelsl@roanestate.edu](mailto:esquivelsl@roanestate.edu)