**Academic Integrity Appeal Form**This form is to be used to file an appeal for a SCTCC Academic Integrity Violation. Appeals must be received within 20 business days from the date the student was notified of a violation. This form is NOT for grade or academic appeals or allegations of harassment or discrimination.  This form can be submitted to [academicintegrity@sctcc.edu](mailto:academicintegrity@sctcc.edu) or room 1-401S, Attn: College Registrar.

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|  | |  | |
| Student Name |  | Student ID Number |
|  | |  | |
| Phone |  | Email |  |
|  | |  | |
| Term/Year |  | Date of Violation |  |
|  | |  | |
| Course Subject/Number |  | Instructor’s Name |

Please provide your rationale for why you believe you did not commit an academic integrity violation. Be as specific and detailed as possible. Attach documentation as needed.

|  |  |  |  |  |  |
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| Click here to enter text. | | | | | |
|  |  | |  | |
| Student Signature | | Date | |  |

For all academic integrity issues, an appeals committee comprised of three members, at least two being faculty, drawn from the Academic Integrity Committee examines the allegation and determines whether the violation occurred. The findings of the appeals committee will be completed within ten (10) business days upon receipt of the appeal. If the decision is made to uphold the violation, you may request a second level appeal by the Vice President for Academic Affairs.

**Office Use Only:**  
Appeal Decision: Violation Occurred Y/N Date Student Notified of Appeal Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Click here to enter text. |

Noted in Scanning: \_\_\_\_\_\_\_\_\_\_\_\_\_  
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