

ALLEGATION OF ACADEMIC MISCONDUCT

REQUEST FOR HEARING

TTU Policy 217 Student Academic Misconduct

(Student has five business days after receipt of Charging Document to request a hearing.)

Student Name (Last, First): _____ T-Number: _____

Major: _____ Campus Email: _____@students.tntech.edu

Instructor: _____ Date of Charge: _____

Please provide a short summary of the grounds for this appeal, including any evidence that you plan to present to the Committee.

Note: A successful appeal requires that you demonstrate that the Academic Misconduct Charge was made in error by the Instructor. Simply stating "I didn't do it" is usually not sufficient.

Signature: _____

Date: _____