



**ROCKY MOUNTAIN UNIVERSITY**  
**OF HEALTH PROFESSIONS**

**Disciplinary Action Appeal Form**

Use this form to appeal a University Disciplinary Action. Please fill out this form completely, according to the following steps:

1. On a separate page, print or type an explanation and justification of your request. (Specifically, what led to the disciplinary action? What changes have you made to improve your performance/situation?) Be specific, concise, and clear. Petitions that are illegible or poorly composed may be returned without a decision.
2. Include your name, social security number, and program name and year on the separate page and any supporting documentation.
3. Return this form, your explanatory page, and any supporting documentation to the Office of Student Services. We will notify you of the outcome of the request.

*Please print clearly.*

<b>Full Name:</b>	_____	<b>Soc. Sec. #:</b>	_____
<b>Address:</b>	_____ _____ _____	<b>Program Name:</b>	_____
		<b>Program Year:</b>	_____
		<b>Degree:</b>	_____
<b>Phone #:</b>	_____		
<b>E-mail:</b>	_____		
<b>May we contact you about your appeal?</b>		<b>Yes</b>	<b>No</b>

**For Office Use Only (Do not write in this section)**

**Action by the Dean:**      **Approved**      **Denied**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_