M.V.C.C. CAMPUS REQUEST FOR TITLE IX APPEAL

ALL SPACES ON THIS FORM MUST BE COMPLETED. PLEASE PRINT CLEARLY.

Name			
Local Address:		Telephone ()	
Cell ()	_ M number:		
Primary E-mail:			
Major:		Credits Completed:	

Please clearly identify the reason for requesting the appeal from the options as noted below:

Appeals must be submitted to the Title IX Investigator or designee within five (5) business days after the date of the written decision described in the paragraph above or *The student may appeal the written meeting decision for the following reasons only:*

- A. A procedural irregularity existed that affected the outcome of the matter;
- B. New evidence that was not reasonably available at the time the determination regarding responsibility or dismissal was made, that could affect the outcome of the matter, has been discovered; or
- C. The Title IX Coordinator, investigator(s), or decision-maker(s) had a conflict of interest or bias for or against an individual party, or for or against complainants or respondents in general, that affected the outcome of the matter.

Please select reason for your appeal, based on the criteria above. You may select more than one. A_____ B____ C____

Please provide a narrative of your request below. This IS NOT a statement of the incident, but rather an explanation of why your appeal should be heard:

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I understand that this form is my **REQUEST for an appeal hearing**. I understand that if this request is approved, a formal appeal hearing will be scheduled where I may present my defense, with appropriate witnesses allowed. I further understand that there will be no additional opportunity to request an appeal once a decision is made regarding this request.

Signature

M number

Date

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