

Please complete, sign and return this form along with *all* supporting documentation to the Dean of Students office by one of these methods: by mail, fax or delivering in person to the Dean of Student Services at the campus location attended. Requests to Appeal will not be considered until students complete all items on this checklist.

STUDENT CONDUCT APPEAL CHECKLIST		
ALL of the following information must be included for your appeal to be considered:		
<input type="checkbox"/>	Appeal form	<i>Completely fill out the Hinds Community College Letter of Appeal Form.</i>
<input type="checkbox"/>	Reason for Appeal	An appeal must be based on one or more of the following reasons: <input type="checkbox"/> 1. Due process rights were violated; <input type="checkbox"/> 2. Inadequate evidence or new evidence became available; or <input type="checkbox"/> 3. The sanction received was arbitrarily harsh or capricious.
<input type="checkbox"/>	Documentation (if applicable)	<i>If applicable, please attach all supporting documentation.</i>

I understand that my appeal will not be considered if I do not include all of the necessary information.

Student Signature: _____ Date: _____

Dean of Student Services		Location	Email Address	Mailing Address
DeAndre House	College-Wide Dean of Students	Raymond Campus Denton Hall Room 209	Deandre.house@hindscc.edu	PO Box 1100 Raymond, MS 39154
Carol McLaurin	Dean of Students	Rankin Campus Administration Room 114	CTMcLaurin@hindscc.edu	3805 Hwy 80 East Pearl, MS 39208
Dean of Students	Dean of Students	Utica Campus Student Center Suite 208	deandre.house@hindscc.edu	34175 Hwy 18 Utica, MS 39175
Joycelyn Washington	Dean of Students	Jackson Campus Alexander #202	JSWashington@hindscc.edu	3925 Sunset Dr. Jackson, MS 39213
Joycelyn Washington	Dean of Students	Nursing/Allied Health Center Anderson Hall	JSWashington@hindscc.edu	1750 Chadwick Dr. Jackson, MS 39204
Raina Deer	Dean of Students	Vicksburg-Warren Banks Admin. Bldg.	Raina.deer@hindscc.edu	755 Hwy 27 Vicksburg, MS 39180

Notice of Non-discrimination Statement:

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following have been designated to handle inquiries regarding these policies: **EEOC Compliance:** Director of Diversity, Equity, and Inclusion; Box 1100, Raymond, MS 39154; Phone: 601.857.3458 or Email: EEOC@hindscc.edu. **Title IX:** Associate Vice President Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601.857.3353 or Email: TitleIX@hindscc.edu.



HINDS COMMUNITY COLLEGE LETTER OF APPEAL – STUDENT CONDUCT

Name _____ College ID# _____

Mailing Address _____

City, State, and Zip Code _____

Telephone Numbers: Work or Cell (_____) _____ Home (_____) _____
area code area code

CAMPUS LOCATION (Check one)

Raymond Campus

Jackson Campus

Rankin Campus

Utica Campus

Nursing/Allied Health Center

Vicksburg-Warren Campus

MAJOR/PROGRAM OF STUDY
OR COLLEGE MAJOR _____

ANTICIPATED DATE OF
GRADUATION OR TRANSFER _____

Release statement: *By signing below, I grant permission to the members of the Appeals Committee to review my College records.*

Signature _____ Date _____

- A Student Conduct appeal must be submitted within **three** days after decision, and must be based on reason(s) defined in *Student Handbook*. (See each regulation in current *Student Handbook*.)

Submit to the College-Wide Dean of Students on the Raymond Campus.

Please explain in detail why you are filing this appeal. Please attach all documentation.

Appeal Denied _____ Date _____

Appeal Approved _____ Date _____ Signed: _____
Dean of Students

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