

**APPEAL OF ACADEMIC DISHONESTY CHARGE**

NAME \_\_\_\_\_ ID # \_\_\_\_\_

LOCAL MAILING ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ MAJOR \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

COURSE TITLE/NUMBER \_\_\_\_\_

SEMESTER \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_

**BASIS OF APPEAL:** Describe below the grounds on which the charge of academic dishonesty or the sanction imposed is being appealed. Use additional pages if necessary. State the type of evidence that will be presented and whether any witnesses will be called.

What days/times can you be available for a hearing? (Please note that hearings are not held in the evening or on weekends.)

\_\_\_\_\_  
Signature and Date

Please forward this form to:  
Academic Honesty Board, c/o Academic Honesty Office, 823 Campus Center  
Fax: 545-9720

Please call 545-0867 or e-mail: [ombuds@ombuds.umass.edu](mailto:ombuds@ombuds.umass.edu) with any questions.