



Sanction Appeals Form
Office of Medical Education
9700 West Taron Dr.
Elk Grove, CA 95757

Note: The Sanction Appeals Form must be submitted to the Office of Student Affairs within **10 business days** of receiving the Student Promotions Committee's (SPC) decision. If applicable, please **submit supporting documentation along with this form**. For additional information, please see Policy 4110, *Appeals Process for Adverse Student Actions*.

Student Information:

Student Name: _____
(Last) _____ (First) _____ (Middle) _____

Student ID #: _____ Cohort: _____

Would you like a Faculty Advisor present during the Appeal? Yes No

If yes, please indicate your Faculty Advisor's name: _____

Appeal #1: Student Appeal to SPC's Decision

SPC's Decision (Check all that apply): Date of Decision Notice to Student: _____

<input type="checkbox"/> Repeat Course	<input type="checkbox"/> Repeat Academic Year	<input type="checkbox"/> Academic Probation
<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Leave of Absence

Grounds for Appeal:

Signature: _____
(Student)

Date: _____

Signature: _____
(Associate/Assistant Dean of Student Affairs)

Date: _____



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Response #1: Office of Medical Education (OME) Response to Student Appeal

- Reverse SPC Decision
- Modify SPC Decision
- Uphold SPC Decision
- Request SPC to Re-Evaluate
- Call Ad Hoc Committee

OME Decision:

Signature: _____ **Date:** _____
(Associate Dean of Medical Education/Ad Hoc Appeal Committee)



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Appeal #2: Student appeal to the Dean

Note: Appeal to Dean of the College of Medicine must be submitted within 10 business days of receiving OME's decision to the Office of Student Affairs.

Would you like a Faculty Advisor present during the Appeal? Yes No

If yes, please write Faculty Advisor's name: _____

Grounds for Appeal:

Signature: _____
(Student)

Date: _____

Signature: _____
(Associate/Assistant Dean of Student Affairs)

Date: _____



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Response #2: Dean Response to Student Appeal

- Allow Adverse Action to Stand Modify the Adverse Action
- Request the ad hoc appeal committee to conduct a repeat hearing
(Applicable only if appeal was initially reviewed by ad hoc appeal committee)

Dean's Decision:

Signature: _____
(College of Medicine Dean)

Date: _____