



**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**

- |  |   |
|--|---|
| <input type="checkbox"/> Reverse SPC Decision  | <input type="checkbox"/> Modify SPC Decision        |
| <input type="checkbox"/> Uphold SPC Decision   | <input type="checkbox"/> Request SPC to Re-Evaluate |
| <input type="checkbox"/> 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:** \_\_\_\_\_