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:

<table>
<thead>
<tr>
<th>Appeal form</th>
<th>Completely fill out the Hinds Community College Letter of Appeal Form.</th>
</tr>
</thead>
</table>
| Reason for Appeal | An appeal must be based on one or more of the following reasons:  
- 1. Due process rights were violated;  
- 2. Inadequate evidence or new evidence became available; or  
- 3. The sanction received was arbitrarily harsh or capricious. |
| Documentation (if applicable) | If applicable, please attach all supporting documentation. |

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**

<table>
<thead>
<tr>
<th>Dean of Student Services</th>
<th>Location</th>
<th>Fax Number</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>DeAndre House</td>
<td>Raymond Denton Hall Room 209</td>
<td>(601) 857-3575</td>
<td>PO Box 1100 Raymond, MS 39154</td>
</tr>
<tr>
<td>Carol McLaurin</td>
<td>Rankin Administration Room 114</td>
<td>(601) 936-5543</td>
<td>3805 Hwy 80 East Pearl, MS 39208</td>
</tr>
<tr>
<td>Sharon Alexander</td>
<td>Utica Student Center Suite 208</td>
<td>(601) 885-7005</td>
<td>34175 Hwy 18 Utica, MS 39175</td>
</tr>
<tr>
<td>Dr. Tim Rush</td>
<td>Jackson ATC Alexander #202</td>
<td>(601) 362-2865</td>
<td>3925 Sunset Dr. Jackson, MS 39213</td>
</tr>
<tr>
<td>Joycelyn Washington</td>
<td>Nursing/Allied Health Center Anderson Hall</td>
<td>(601) 376-4802</td>
<td>1750 Chadwick Dr. Jackson, MS 39204</td>
</tr>
<tr>
<td>Raina Deer</td>
<td>Vicksburg Banks Admin. Bldg.</td>
<td>(601) 629-6807</td>
<td>755 Hwy 27 Vicksburg, MS 39180</td>
</tr>
</tbody>
</table>

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**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:** Sherry Franklin, Vice President for Utica Campus and Administrative Services, Box 1003, Utica, MS 39175; Phone: 601.885.7002 or Email: EEOC@hindscce.edu. **Title IX:** DeAndre House, Associate Vice President Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601.857.3353 or Email: TitleIX@hindscce.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 (______)_________________________

CAMPUS LOCATION (Check one)

☐ Raymond Campus      ☐ Jackson-Academic/Technical Center     ☐ Rankin Campus
☐ Utica Campus        ☐ Jackson-Nursing/Allied Health Center   ☐ Vicksburg-Warren Campus

MAJOR/PROGRAM OF STUDY OR COLLEGE MAJOR ________________________________ ANTIQUEP 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. Submit to the Dean of Student Services at the campus location attended.

See each regulation in current Student Handbook.

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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