



East Georgia State College
Office of the Associate Vice-President for Student Conduct & Title IX
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Adopted by President's Cabinet 10/14/21

Title IX Hearing Appeal Form

Name: _____

EGSC ID#: _____

Incident Date: _____

Hearing Date: _____

Code of Conduct or Policy Violation(s): _____

Reason for Appeal (Appeal must follow guidelines stated in the [EGSC and USG Policy](#)).

1. to consider new information that is sufficient to alter the decision, or other relevant facts not brought out in the original investigation (or hearing), because such information was not known or knowable to the person appealing during the time of the investigation (or hearing)
2. to allege a procedural error within the investigation or hearing process that may have substantially impacted the fairness of the process, including but not limited to whether any hearing questions were improperly excluded or whether the decision was tainted by a conflict of interest or bias by the Title IX Coordinator, investigator(s), or administrative decision maker(s), or
3. to allege that the finding was inconsistent with the weight of the information.

All appeals must use this form supplemented by written request indicating one or more of the reasons for appeal outlined above. Appeals must be submitted to the Office of the President within five (5) business days of the date of the final written decision. Please circle the appropriate reason above (1-3) and address the circumstances and/or evidence that support an argument based on this reason in your written narrative.

INSTITUTIONAL APPEAL is reviewed by the President, East Georgia State College.

A subsequent appeal can be made to the University System of Georgia's Board of Regents.

I understand that this form must be completed and submitted, along with a letter of detailed explanation, and must set forth one or more of the bases outlined above.

Participant Printed Name: _____

Participant Signature and Date: _____