** Reply Form72B**

**This form is used by the Responded to Reply to a Notice of Appeal.**

The completed form with supporting documentation is to be submitted **within 15 working days** of receipt of the Notice of Appeal to the Chair of the committee responsible for the appeal.

**Appellant:**

**Last Name:**

**First Name:**

**ID Number:**

**Faculty:**

**Respondent:**

**Name:**

**Title:**

**Building and Room Number:**

**Email Address:**

**Telephone Number:**

**Written responses to the following items must be provided below or typed on additional sheets.**

**Response to the Appeal**Explain the basis for the original decision and for the penalty if it is being appealed.

**Witnesses**

Select one:

|  |  |
| --- | --- |
|  | I will not be calling any witnesses. |
|  | I will be calling the following witnesses: |

Identify any witnesses you intend to call and a brief statement of the evidence you expect each will give.

Respondent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_