

Saddleback College

**DISCIPLINARY APPEAL FORM**

TO: Penny Skaff  
Dean of Counseling Services  
Saddleback College  
28000 Marguerite Parkway  
Mission Viejo, CA 92692

DATE: \_\_\_\_\_

I understand that the signing and returning of this disciplinary appeal form no later than ten (10) days after the above date, constitutes an official appeal of the disciplinary action described in the attached letter. Further, this appeal may be made by me or my parent or guardian if I am a minor. If I will have legal representation I understand that I must notify the college no later than five (5) days prior to the hearing date. Select one of the two options below by checking the box.

- I am requesting that a student participate on the hearing panel (Records will be disclosed to the student member of the panel).
- I request a second faculty member instead of a student participate on the hearing panel.

Print Your Name: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**OR**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian (for minor students)