

**Appendix F
Student Activities Appeal Form
Student Activities Office**

Name _____ ID _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-Mail _____

Name of student organization and position held:

Please provide the basis for your appeal (attach additional pages if necessary).

Student's Signature _____ Date _____

Please provide a supporting statement from your student organization advisor (attach additional pages if necessary).

Advisor's Signature _____ Date _____

Advisor's Name Printed _____ Phone _____

PLEASE RETURN COMPLETED APPEAL FORM TO DIRECTOR OF STUDENT ACTIVITIES AND LEADERSHIP - SC RM 230 C
VIA CAMPUS MAIL. THE COMMITTEE WILL NOTIFY YOU OF ITS DECISION BY MAIL.