



*\*Only appeals made within one week of the violation will be considered.*

**Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Campus Box:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of Violation:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Building in which Violation Occurred:** (check one)

Graybill \_\_\_\_\_ Gunsolley \_\_\_\_\_ Tess Morgan \_\_\_\_\_ Walker \_\_\_\_\_

Small / Thomas Apartments \_\_\_\_\_ Tower Apartments \_\_\_\_\_ 520 / 620 House \_\_\_\_\_

**Violation Type:** (check one) Visitation \_\_\_\_\_ Noise \_\_\_\_\_ Residence Hall \_\_\_\_\_

**I, hereby, appeal the above violation for the following reason(s):**

**Return this form to the Residence Life Office. You will be notified within one week of the receipt of your appeal.**

**Action of the Appeals Committee:** \_\_\_\_\_