RESIDENCE LIFE
VIOLATION APPEAL

*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: ____________________________

White— Residence Life Appeals Committee, Yellow—Personal Copy