



**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 _____ 520 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: _____