

Student Officer Eligibility Appeal Form

Section 1: Name _____ UF-ID _____

Telephone No. _____ UF E-Mail _____

College _____ Major _____ Classification _____

Current Course Load _____ UF Cumulative GPA _____

Name of organization(s) affiliated with and elected/appointed office(s) held:

Section 2: Please check the appropriate reason for ineligibility. Then complete **Section 3** and **each** additional **Section** next to the reason(s) selected:

GPA (**Complete Section 4**) Course Load Credit Hour Enrollment (Undergraduate) (**Complete Section 4**)

Course Load Credit Hour Enrollment (Graduate) (**Complete Section 4**)

Conduct (**Complete Section 5**) Financial (**Complete Section 6**)

Section 3: Based on the ineligibility reason provided, please provide a brief explanation for the basis of your appeal (attach additional pages if necessary).

Appellant Signature _____

Date _____

Based on your ineligibility reason above, please obtain a supporting statement and signature from the appropriate authorized staff member in conjunction with your ineligibility (See Below).

You may submit one appeal form for multiple ineligibility reasons but you will need to obtain all appropriate signatures and supporting statements that coincide with your selection above.

Section 4: If you checked **GPA and/or Course Load/Credit Hour Enrollment** for either **Undergraduate/Graduate** please obtain a supporting statement and signature from your **Academic Advisor**.
(Attach additional pages if necessary).

Academic Advisor Signature: _____ Date: _____

Title: _____ Phone Number: _____

Section 5: If you checked **Conduct** please obtain a supporting statement and signature from the appropriate staff member in the Dean of Students, Office of Student Conduct and Conflict Resolution (Attach additional pages if necessary):

SCCR Signature: _____ Date: _____

Title: _____ Phone Number: _____

Section 6: If you checked **Financial** please obtain a supporting statement and signature from the appropriate staff member in the UF University Bursar office at the time of resolving your obligations (Attach additional pages if necessary):

UF Bursar Authorized Signature: _____ Date: _____

Title: _____ Phone Number: _____

Please return you completed appeal form to Jessica Inman in the Department of Student Activities and Involvement at the J. Wayne Reitz Union, Level 3, Suite 3100. You will be notified of the committee's decision by email within three business days of the Student Activities Appeal Committee Meeting. Questions in regards to this form may be directed to Jessica Inman, via email organizations@studentinvolvement.ufl.edu or telephone 352-392-1671.