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 Esther Campbell 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 Esther Campbell, via email ecampbell@studentinvolvement.ufl.edu or telephone 352-392-1671.