

# Appeals Form

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Appellant(s): \_\_\_\_\_

Original Plaintiff(s): \_\_\_\_\_

Full Name(s): \_\_\_\_\_

Student Number(s): \_\_\_\_\_

Organization(s) (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Original Defendant(s): \_\_\_\_\_

Full Name(s): \_\_\_\_\_

Student Number(s): \_\_\_\_\_

Organization(s) (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Reason for Appeal:

*Specify original verdict, Student Court jurisdiction, issues, allegations, and relief sought*

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Note: Please fill out completely and return to the Office of the Associated Students' Government. In this document the requestor shall be the person or group filing the appeal. The student court will meet within six business days of receipt of the appeal to determine jurisdiction. If the appeal does not fall within jurisdiction of the Court it shall be rejected and the requestor(s) shall be the one notified within one business day. If the Court finds the appeal to fall within jurisdiction, the appeal shall be accepted as a case.

Signature of Appellant(s): \_\_\_\_\_

Date: \_\_\_\_\_