



Student Activities Appeal Form
Dean of Students Office

Name _____ UF-ID _____

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-Mail _____

College _____ Major _____ Classification _____

Current Course Load _____ UF Cumulative GPA _____

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

Please provide the basis for your appeal (attach additional pages if necessary).

Student's Signature _____ Date _____

Please provide a supporting statement from your academic advisor (attach additional pages if necessary).

Academic Advisor's Signature _____ Date _____

Academic Advisor's Name Printed _____ Phone _____

Academic Advisor's Contact Information _____
