Remedial Action Appeal Form

Submit this completed form to the appropriate Appellate Officer as designated in the interim and/or remedial action letter by the deadline listed in the letter. If the Appellate Officer determines that there are sufficient grounds for appeal, they will issue a decision on the appeal.

Name: _____

Student ID #:_____ **Campus Location:**_____

Saint Leo University Email: _____ **Phone Number:**_____

Appeal request rationale:

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I confirm that:

1. **I may be contacted at my Saint Leo University email address**
2. **I will immediately report any change in my contact information.**
3. **I have a copy of the Code of Conduct and am aware of the provisions.**

X_____

Signature of Student Date