

University Campus ~ MC 2068
Post Office Box 6665
Saint Leo, FL 33574-6665
Office: (352) 588-8268
Fax: (352) 588-8901

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:

[illegible]

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 _____