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 the Department of Student Activities and Involvement located in the J. Wayne Reitz Union, Level 3, Suite 3100. You will be notified of the committee’s decision by email within (3) three business days of the Student Activities Appeal Committee Meeting. Questions in regards to this form may be directed to email saiorganizations@ufsa.ufl.edu or telephone 352-392-1671.