

NOTICE OF APPEAL FORM

This form is to be submitted to the Greek Council President or Advisor within 48 hours of the judicial hearing decision if an involved party wishes to appeal the decision to the Community Standards Director.

University/college:

Appealing party:

Date of decision:

Name, address, phone number and e-mail of appealing party representative:

Reason for appeal of rendered decision: (additional pages may be attached)

Signature of appealing party: _____

Signature of Chapter Advisor (if appealing party is a Greek Chapter): _____