Missouri State University

Student Judicial System Appeal Form

Name: _____

Local Address: _____

Telephone #(s):_____ SSN: _____

State the reason(s) for your appeal (please be specific and concise)

_____

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_____

_____

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_____

_____

Signature of person submitting the appeal: _____

Date: _____

Appeal received by: _____

Date Appeal received: _____

Please return to: Student Judicial Programs, PSU #405, and address any questions to 836-6937.