Missouri State University

Office of Student Conduct

Appeal Form

Name: _____ M#: _____

Local Address: _____

Telephone #(s):_____ _____

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

_____

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_____

Signature of person submitting the appeal: _____

Date: _____

Please return to: Office of Student Conduct, PSU #405, and address any questions to 836-6937.

Appeal received by: _____

Date Appeal received: _____