

Recommend Approval _____ Recommend Disapproval _____
Recommend % refund. _____

Reasons for decision are as follows:

Signature: _____
Director of University Housing

Date: _____

Recommend Approval _____ Recommend Disapproval _____
Comments:

Signature: _____
Dean of Students

Date: _____

OFFICE USE ONLY:

Date student called or emailed (approved appeal): _____ Staff Initials _____
Date written decision sent to student (denied appeal): _____ Staff Initials _____

Rev (9/06)