



Associate Vice President & Dean of Students

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Division of Student Affairs

www.fau.edu/student

Student Leadership Eligibility and Appeal Form

Name _____ Z# _____
Street Address _____
City _____ State _____ Zip _____
Telephone _____ E-Mail _____
College _____ Major _____ Classification _____
Current Course Load _____ FAU Cumulative GPA _____ FAU Prior Term GPA _____

Name of FAU student organization(s) affiliated with and elected/appointed office(s) held:

Please provide the basis for your appeal (attach additional pages if necessary).

Student's Signature _____ Date _____

If you are seeking an academic petition, please provide a supporting statement from your academic advisor (attach additional pages, if necessary).

Academic Advisor's Signature _____ Date _____
Advisor's Name Printed _____ Phone _____

PLEASE RETURN COMPLETED APPEAL FORM TO THE ASSOCIATE VICE PRESIDENT AND DEAN OF STUDENTS OFFICE EITHER IN PERSON AT BLG. 8, SSB 226 OR EMAIL AT CKING14@FAU.EDU.