

ASUCR General Elections
Campaign Violation Appeal Form

Full Name of Candidate/Party/Pro Group/Con Group: _____

Violation Decision Appealing: _____

Reason(s) for Appeal:

If you have any evidence, photographic or otherwise, then please attach to the form.

Print Full Name of Violation Appellate

Signature of Violation Appellate

R'Mail of Violation Appellate

Date Submitted

Do Not Write Inside (Official Use Only):

Day/Time Appeal Received- _____

Received By- _____

Date of Appeal Hearing- _____

Request Granted (Yes or No) - _____