ASUCR General Elections
Campaign Violation Appeal Form

(Must submit form within one week of the violation verdict.)

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

Violation Decision Appealing: ________________________________________________________________

Reason(s) for Appeal:

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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) - __________________________