

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Student Number:** \_\_\_\_\_ **Faculty:** \_\_\_\_\_

Postal Address:

Residential Address: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Tel. NO:** \_\_\_\_\_ **Cell NO:** \_\_\_\_\_

**Programme/Course:** \_\_\_\_\_

**Please state reasons why your appeal application was dismissed:**

[illegible]

**Please state the grounds on which you would like to petition the Student Disciplinary Appeals Committee:**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

**Please staple to this form any documents (including copies of previous correspondences, and dismissed student appeal form) that you wish the members of the Student Disciplinary Appeals Committee to consider when making a decision.**

APPLICANT

THIS FORM MUST BE SUBMITTED WITHIN SEVEN DAYS AFTER ITS RECEIPT 3