

## STUDENT PETITION FORM

Name:	Date:
	Faculty:
Postal Address:	
Tel. NO:	Cell NO:
Programme/Course:	
	ppeal application was dismissed:

<u>Please state the grounds on which you would like to petition the Student Disciplinary</u> <u>Appeals Committee:</u>





Please state the recommendations of the desired outcome:

Please note that you have to include all the information you wish the Student Disciplinary Appeals Committee to consider with this application and all necessary or relevant supporting documents. This is necessary as the appeals committee will decide on your petition based on the information and supporting documents you have submitted. The committee reserves a right to call any person for any further particulars in your petition when the need arises. The committee also reserves a right to hear the verbal representations of the appellant when the need arises.

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.

Signed:

APPLICANT

LICANI

Date:

Please submit to: Student Disciplinary Appeals Committee, University of Johannesburg, Student Ethics and Judicial Services. You may email to: <u>elsedas@uj.ac.za</u> (011) 559 - 4574/4649.

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