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Appeal Request Form

Instructions: Use this form to challenge decisions of the commissions which affect the allocation of your organization's funds by incorrectly applying its guidelines to relevant policies or wrongly excluding or construing information or supporting documentation provided in your organization's application or other materials submitted to the commission. Submit the completed form with attachments to the Office of the Assemblies, 109 Day Hall.

Name of Organization:					
If applicable to your request believe were incorrectly interest.					es you
If applicable to your request construed regarding your org					
Please explain how the SAFO cited above or utilized the the					policies
The undersigned affirm that Misrepresentation of informa Assembly may result in disciplent	ation to u	university officials, includin			
President (print and sign name) OFFICE USE ONLY: Received by:	Date	Treasurer (print and sign name)	Date	Advisor (print and sign name)	Date