MURRAY STATE COLLEGE
STUDENT APPEAL OF CHARGES REQUEST

DATE OF REQUEST: _____

NAME: _____

CURRENT ADDRESS: _____

_____

CURRENT TELEPHONE: _____

APPEAL OF CHARGES FOR WHAT SEMESTER: _____

Please write a statement addressing the reason the charges should be waived. Attach additional paper if necessary.

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Please submit completed form and any additional documents to the Registrar's Office. Student will be notified of decision based on the Charge Appeal Committee recommendation.