

APPEAL FOR FINE REVIEW

(Please print, write, or type clearly)

NAME: _____

DATE: _____

_____ ADDRESS:

_____ STATE: _____ CITY:

PHONE #: _____ UC ID #: _____ ZIP: _____

EMAIL ADDRESS: _____

STATUS:
FACULTY ___ GRAD ___ UNDERGRAD ___ GCLC ___ OTHER(specify) _____

TITLE _____ OF ITEM(S)IN _____ QUESTION: _____

TIME AND PLACE OF RETURN: _____

CIRCUMSTANCES WHICH LEAD YOU TO BELIEVE THAT THE FINE SHOULD BE WAIVED OR REDUCED. (PLEASE BE AS SPECIFIC AS POSSIBLE. WITHOUT ACCURATE OR SUFFICIENT INFORMATION,

THE APPEAL CANNOT BE PROCESSED. USE THE BACK OF THIS SHEET IF NECESSARY).

FOR OFFICE USE ONLY

INITIAL FINE (BEFORE APPEAL): _____

COMMITTEE DECISION: _____

FINAL CHARGE DUE: _____ DATE OF DECISION: _____

_____ REV. 9/06