Request to Reconsider Expulsion

Name:	Date:
Address:	Chapter:
City, State, Zip:	Email:
opportunity to appeal the expulsion within 20 o	ber recommended for expulsion will have the days of a decision from the Standards Board. A ed at Sigma Tau Gamma Headquarters by the 20 th Reconsider Expulsion received after the 20 th day
I, am appealing my ex	kpulsion under the premise that
Due process was not properly followed, wh	nich impacted outcome.
New information and evidence emerged sir	•
Sanction delivered is disproportionate to o	ffense committed.
Please provide further evidence or rationale fo needed.	or request for appeal. Attach documentation as
I acknowledge that I understand the appeals process acknowledge that the information provided, to the best	
Signature	Date
Signature of Respondent	Date

Email to: noblemen@sigtau.org