



BRIGHAM YOUNG UNIVERSITY STUDENT EMPLOYMENT APPEAL

Instructions: Complete form by typing or clearly printing answers in the fields provided. Print form and submit to Student Employment.

Student	Name (First / Middle / Last):		ID #:	
	Phone #:	Credits:	Appealing for Semester:	Year:
	Major:	Requesting Scheduled Hours not to exceed:		30/30/30/19 40/40/40/19
	<small>Appeal is not hours related</small>			
	Student's Request / Reasons for Request: (Please attach additional documentation if needed.)			
	Signature:	Email:	Date:	

Supervisor	Department's Reason / Extenuating Circumstance for this Appeal: (if applicable)			
	Signature:			Date:
	Printed Name:			Email:
	Department:			Phone #:

Line VP	Signature:			Date:
	Printed Name:			Email:
	Department:			Phone #:

For Student Employment Office Use ONLY

Status:	GPA:	Credits:	Review Date:	Approved: Yes No
Notes:				