

## Texas A&M-Kingsville Student Activities SOFC Appeal / Reallocation Request Form

1. Name of Organization:			2. Agency Account Number:	
3. Primary Contact Information		4. Alternative Contact Information		
NAME:	PHONE NUMBER:	NAME: PHO		PHONE NUMBER:

Amount Awarded: \_\_\_\_\_

□ Reallocate Funds:	Amount- \$
□ Appeal Award:	Amount- \$

Type a brief reason for your reason of appeal or reallocation. Attach it to this form along with any documentation previously presented to the Office of Student Activities. Include any e-mails (sent or received) regarding your SOFC Award, a copy of your SOFC Application Packet, and your SOFC Award Letter.

President's Signature	Date
Advisor's Signature	Date
Office Use Only:    Approved:  □ Yes  □ No    Approved By:	Date Stamp Area
Leadership Coordinator's Signature	Date