

Knox College Student Senate Budget Appeal Form

Contact Info

Name: _____

Date: _____

Email: _____

Phone: _____

Organization Name: _____

Box #: _____

In the space below, please tell the committee why it should reconsider your budget request and what you believe the initial mistake was on the committee’s part in reviewing your request.

For Office Use Only

Application Received: _____

Finance Committee Recommendation: _____

Senate Approval: _____

Date: _____

Date: _____