**emPLANT Appeal Form**[[1]](#footnote-1)

|  |  |
| --- | --- |
| **First name** |  |
| **Last name**  |  |
| **emPLANT application number**  |  |
| **Email address** |  |

**Specify the decision of the Executive Board against which you are appealing:**

**State the ground(s) for the appeal:**

Statement of the additional information on which you base your appeal. Be factual, specific and brief (max.500 words)

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| --- |
|  |

**Date:**

**Electronic signature:**

1. All the fields MUST be filled in. Appeal forms with uncompleted data and received after the deadline will not be considered. Send the form to the emPLANT Secretariat: emplant@unilasalle.fr [↑](#footnote-ref-1)