

Objection, Appeal and Complaint Form

To: **Maastricht University**
Attn. Complaints Service Point
P.O. Box 616
6200 MD Maastricht
The Netherlands

Student Data:

ID number*	<input type="text"/>
Name (incl. initials)*	<input type="text"/>
First name	<input type="text"/>
Address	<input type="text"/>
Postal Code City	<input type="text"/>
Phone number	<input type="text"/>
Email address*	<input type="text"/>
Faculty*	<input type="text"/>
Study programme*	<input type="text"/>

Objection, Appeal or Complaint Data:

Please select*	Objection / Appeal / Complaint (Delete as applicable)
Date of the appealed decision*	<input type="text"/>
Appendix*	<div style="border: 1px solid black; padding: 5px;"><p>Don't forget:</p><ul style="list-style-type: none">- a copy of the decision against which you object or appeal- describe and address the merits of your case</div>

Please note that the fields that are marked with * are mandatory!

Date:

Signature: