

APPEAL REQUEST FORM

3110 Mustang Road • Alvin, TX • 281.756.3500

Completion of this form indicates you are requesting an exception to a drop, withdraw, or financial policy. **(Please note that this is not a financial aid appeal form.)** Provide a brief and clear statement explaining the reason and/or the rationale for your request. It is recommended you attach documentation as evidence of the extenuating circumstances supporting your request. In an effort to fully review your request, allow a minimum of 10 business days for a decision. Submit to: Admissions Office (A-100)/Vice President of Student Services.

Examples of Supporting Documentation:

- Medical records, hospital admittance/discharge paperwork
- Military call-up order
- Record of arrest, court order, incarceration, etc.

Student ID or SS#:	Today's Date:
Semester of Concern:	Course # & Section:

Provide a detailed explanation regarding your request, and **include course number(s) and section(s)** if requesting an exception to a drop or withdraw.

By signing this statement, I certify that the information reported is correct and true.

Student Name (Print)	Student Signature
Mailing Address	<u>ACC Student Email Address</u>
City State Zip Code	Telephone Number

Attach any supporting documentation to this form and return the completed packet to the Admissions Office (A-100)/Vice President of Student Services.

For Office Use Only

Approved _____ Not Approved _____

Signature (Vice President of Student Services) _____ Date _____

Refund at: 100% _____ 70% _____ 25% _____ No Refund Granted _____

Processed by: _____ Date: _____