

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 in Dispute:	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	Email Address		
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: _____