

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 or email to vpofstudentservices@alvincollege.edu.

Examples of Supporting Documentation:

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

ACC Student ID:	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

ACC Student Email Address

City State Zip Code

Telephone Number

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: _____