## Undergraduate 6 Drop Limit Appeal Form Tarleton State University

Student ID Number:		Date:		
Studen	t Name:			
	Last	First	Middle	
Phone Number:		Semester:	Year:	
CRN: _	Department:	Number:	Section:	
Reasor	n for excessive drops: Review Limits	on Dropped Courses and '	Withdrawals in Catalog	
	(A) A severe illness or other debilitating condition that affects the student's ability to satisfactorily complete the course.			
	(B) The student's responsibility for the care of a sick, injured or needy person if the provision of that care affects the student's ability to satisfactorily complete the course.			
	(C) The death of a person who is considered to be a member of the student's family or who is otherwise considered to have a sufficiently close relationship to the student that the person's death is considered to be a showing of good cause.			
	(D) The active duty service as a member of the Texas National Guard or the armed forces of the United States of either the student or a person who is considered to be a member of the student's family or who is otherwise considered to have a sufficiently close relationship to the student that the person's active military service is considered to be a showing of good cause.			
	(E) The change of the student's work schedule that is beyond the control of the student, and that affects the student's ability to satisfactorily complete the course.			
	Other good cause as determined by the institution of higher education. To be approved by the Dean of Enrollment Management. (Give cause in space provided below)			
	oe specific for your reason for appealing oports your appeal request.	to drop a course beyond the	e 6 drops allowed. Attach any documentation	
Studen	t Signature:		Date:	
Office Use Only:			Decision:	
Date received by Registrar's Office:			☐ Approved ☐ Denied	
Senior Associate Provost & Associate VP for Academic Affairs Admin:			Date:	
J			Date:	