

Undergraduate 6 Drop Limit Appeal Form
Tarleton State University

Student ID Number: _____ Date: _____

Student Name: _____
Last First Middle

Phone Number: _____ Semester: _____ Year: _____

CRN: _____ Department: _____ Number: _____ Section: _____

Appeal to Dean of Enrollment Management

Review by Vice President for Academic Affairs (Only use when appeal has been denied by Dean of Enrollment Management)

Date of original appeal to Dean of Enrollment Management: _____

Reason 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.
- (F) 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)

Please be specific for your reason for appealing to drop a course beyond the 6 drops allowed so that Tarleton can evaluate your situation. Please attach any supporting documentation that you might have supporting your reason for filing an appeal.

Student Signature: _____ Date: _____

Office Use Only:

Date received by Registrar's Office: _____

Decision:

Approved Denied

Dean of Enrollment Management Signature: _____ Date: _____

Vice President for Academic Affairs Signature: _____ Date: _____