

Undergraduate Funding Limit Appeal Form

Students being charged additional fees due to the Undergraduate Funding Limit Rule are provided the opportunity to appeal these charges. In order to begin the appeal process, students must submit this completed form (via any method listed at the bottom) to the Registrar's Office **1 day prior** to the next Appeal Board meeting. Three hearings are held per semester and exact dates may be found on the Registrar's website (www.tarleton.edu/registrar). Hearings are conducted on the Stephenville campus and students are required to attend. The Appeal Board hearing will last approximately 5 - 10 minutes. Students will be contacted via their go.Tarleton.edu email with more information once this completed form has been submitted.

Student Section

Student Name: _____ ID Number: _____

Explain the reason for excessive hours and your plan to graduate in a timely manner (You may attach additional pages if necessary):

You may attach any type of documentation supporting your reason for filing an appeal. Any information provided will assist the Appeal Board in making an informed decision. By signing below, you affirm the information you have provided is true and correct. You understand if the above information is found to be falsified in any way, the Appeal Board may choose to overturn any decision previously made. You also understand the decision made by the Appeal Board is final and the decision is for the current semester only unless you are informed otherwise. If you wish to appeal the additional charges for subsequent semesters, you must do so every semester.

Student Signature: _____ Date: _____

Advisor Section

Advisor Name: _____

Anticipated Graduation Date: _____ Number of Credits Remaining: _____

Please select **one** of the following:

The courses the student are currently enrolled in are necessary for their degree.

Other. Please explain: _____

By signing below, you attest you have reviewed the student's DegreeWorks audit and submitted the necessary course substitutions as needed.

Advisor Signature: _____ Date: _____

Appeal Board Section

Date Received: _____ Term Appealing: _____

Meeting Date and Time: _____ Decision: Waive Charge Uphold Charge

Appeal Board Committee Chair Signature: _____