

DEVELOPMENTAL EDUCATION APPEAL

Name _____ WT ID# _____
Address _____ Phone _____
Email _____
Course _____
(Course name/number/section) (Instructor)

After three attempts of this developmental course the committee needs specific information regarding the circumstances for not completing this course. Please be as descriptive as possible.

First semester attempted: _____ Reasons for drop/fail:

Second semester attempted: _____ Reasons for drop/fail:

Third semester attempted: _____ Reasons for drop/fail:

Describe your attendance in these classes including number of absences:

What services did you receive on a regular basis _____
_____ Math Lab
_____ Writing Center
_____ Educational Services (tutoring)

Hours attended per week _____

(Signature of Student)

(Date)