



DEVELOPMENTAL EDUCATION APPEAL

Name _____
Address _____
Email _____
Course _____
(Course name/number/section)

WT ID# _____
Phone _____

(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
- ___ Student Support Services (tutoring)
- ___ Educational Services (tutoring)

Hours attended per week _____

(Signature of Student)

(Date)

