

**DEVELOPMENTAL EDUCATION SUSPENSION APPEAL**

Name: \_\_\_\_\_ WTAMU ID: \_\_\_\_\_

Major: \_\_\_\_\_ Academic Standing: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Current Home Phone Number: \_\_\_\_\_ Alt Phone number: \_\_\_\_\_

Student Email Address: \_\_\_\_\_@buffs.wtamu.edu

Personal Email (**REQUIRED**): \_\_\_\_\_

Developmental Course Attempted three times \_\_\_\_\_

Answer the following questions below, using the space provided and/or additional typed pages. Please also submit any supporting documentation to be considered with this form. Share specific information regarding the circumstances for not completing this course after three unsuccessful attempts to be considered by the Developmental Education Committee.

- 1) Please be as descriptive as possible for each semester the course was attempted. Include the Professor's name; the reason for dropping and/or failing; and any services, resources, or assistance used and hours attended per week for each semester (e.g. Math Lab, Writing Center, tutoring.)
  - a. First semester attempted \_\_\_\_\_
  - b. Second semester attempted \_\_\_\_\_
  - c. Third semester attempted \_\_\_\_\_

- 2) Explain your plan to be successful if given another opportunity to complete this course.

Return this form, your responses to the questions, and any documentation to:

| <b>Mail:</b>                                             | <b>Electronically:</b>                                                                                              |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Advising Services<br>WTAMU Box 60868<br>Canyon, TX 79016 | Ami Brown<br>Coordinator of Student Success Initiatives<br><a href="mailto:adbrown@wtamu.edu">adbrown@wtamu.edu</a> |

Form and supporting documentation must be received a **minimum of 2 weeks (10 business days) prior to start of the term** the student is seeking to enroll in to allow time for review by the Developmental Education Committee.

Student will be notified of the appeal decision via the personal email listed above with an attached letter that will be CC'd to the Director of Advising Services and the committee members present for the appeal review.

Please read the following statement and sign below:

I understand that this form and any attached documents will be considered as my formal appeal of Developmental Education Suspension. All information provided is original, true, and correct to the best of my knowledge. I consent to receipt of the committee decision regarding my appeal via the personal email provided above.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

For Official Use Only

Date received \_\_\_\_\_

Documentation Included? Yes ☐ No ☐ Number of Pages (Including Form) \_\_\_\_\_

Date of Appeal Hearing: \_\_\_\_\_ Appeal: Granted ☐ Rejected ☐