

DEVELOPMENTAL EDUCATION APPEAL

Name: _____ WTAMU ID: _____

Major: _____ Academic Standing: _____

Current Mailing Address: _____

Current Home Phone Number: _____ Alt Phone number: _____

Student Email Address: _____@buffs.wtamu.edu

Developmental Course Attempted three times _____

Please share specific information regarding the circumstances for not completing this course after three unsuccessful attempts to be considered by the Developmental Education Committee. Answer the following questions typed on a separate sheet of paper and attach to the appeal form along with any supporting documentation.

- 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 by **January 6, 2017** to:

Mail:
Advising Services
WTAMU Box 60868
Canyon, TX 79016

Electronically:
aries@wtamu.edu
Fax:
806-651-5274

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.

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 _____