

# Undergraduate 6 Drop Limit Appeal Form

Texas A&M University-Central Texas

Student ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle

Phone Number: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

CRN: \_\_\_\_\_ Department: \_\_\_\_\_ Number: \_\_\_\_\_ Section: \_\_\_\_\_

- Appeal to Registrar's Office
- Review by Executive Director of Enrollment Management(Only use when appeal has been denied by the Registrar's Office ) Date of original appeal to the Registrar's Office: \_\_\_\_\_

## Reason for excessive drops: Review Limits on Dropped Courses and Withdrawals in Catalog

- (A) A severe illness or other debilitating condition that affects the student's ability to satisfactorily complete the course.
- (B) The student's responsibility for the care of a sick, injured or needy person if the provision of that care affects the student's ability to satisfactorily complete the course.
- (C) The death of a person who is considered to be a member of the student's family or who is otherwise considered to have a sufficiently close relationship to the student that the person's death is considered to be a showing of good cause.
- (D) The active duty service as a member of the Texas National Guard or the armed forces of the United States of either the student or a person who is considered to be a member of the student's family or who is otherwise considered to have a sufficiently close relationship to the student that the person's active military service is considered to be a showing of good cause.
- (E) The change of the student's work schedule that is beyond the control of the student, and that affects the student's ability to satisfactorily complete the course.
- (F) Other good cause as determined by the institution of higher education. To be approved by the Executive Director of Enrollment Management. (Give cause in space provided below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be specific for your reason for appealing to drop a course beyond the 6 drops allowed so that TAMUCT can evaluate your situation. Please attach any supporting documentation that you might have supporting your reason for filing an appeal.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:

Date received by Registrar's Office: \_\_\_\_\_

Director of Enrollment Management Signature: \_\_\_\_\_

Decision:

Approved  Denied

Date: \_\_\_\_\_