

**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 **May 24, 2016** 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 \_\_\_\_\_