

# APPEAL REQUEST FORM

3110 Mustang Road • Alvin, TX • 281.756.3500

Completion of this form indicates you are requesting an exception to a drop, withdraw, or financial policy. **(Please note that this is not a financial aid appeal form.)** Provide a brief and clear statement explaining the reason and/or the rationale for your request. It is recommended you attach documentation as evidence of the extenuating circumstances supporting your request. In an effort to fully review your request, allow a minimum of 10 business days for a decision. Submit to: Admissions Office (A-100)/Vice President of Student Services or email to [vpofstudentservices@alvincollege.edu](mailto:vpofstudentservices@alvincollege.edu).

Examples of Supporting Documentation:

- Medical records, hospital admittance/discharge paperwork
- Military call-up order
- Record of arrest, court order, incarceration, etc.

ACC Student ID:	Today's Date:
Semester of Concern:	Course # & Section:

Provide a detailed explanation regarding your request, and **include course number(s) and section(s)** if requesting an exception to a drop or withdraw.

By signing this statement, I certify that the information reported is correct and true.

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
ACC Student Email Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Telephone Number

**For Office Use Only**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Signature (Vice President of Student Services) \_\_\_\_\_

Date \_\_\_\_\_

Refund at:    100% \_\_\_\_\_

70% \_\_\_\_\_

25% \_\_\_\_\_

No Refund Granted \_\_\_\_\_

Processed by: \_\_\_\_\_

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