

Appeal Request Form

This form can only be submitted electronically via email

University of Houston-Downtown: Registrar's Office
 One Main Street, Ste N330 ph: 713-221-8999
 Houston, TX 77002 fax: 713-223-7450



uhdrecords@uhd.edu

A. Student Information:

UHD ID Number Term/Year
 First Name Last Name
 E-mail Address Telephone

B. Select appropriate box and reason below; please carefully make your selection.

<input type="checkbox"/> 6 Course Drop Limit	<input type="checkbox"/> Excess Fee Charges <i>Select reason below</i>	<input type="checkbox"/> Extenuating Circumstances Drop/Withdrawal Request <i>Select reason below</i>	<input type="checkbox"/> Bacterial Meningitis Vaccination BMV Non-compliance Drop	<input type="checkbox"/> Class Attendance Administrative Drop
<i>Please read the important 6 Drop information included on Page 2 of this form.</i>	18 Developmental Hrs. Over Degree Hrs.	Medical Reason	<input type="checkbox"/> Other _____	
	3 rd Course Repeat	Military Deployment		
		Other Reason _____		

C. Please explain your request/appeal in detail below, explaining the extenuating circumstances regarding your appeal.

If more space is needed, attach additional sheet.

State your request: _____

D. Were you awarded Financial Aid for this term? Yes No (if Yes, verify the impact of this request on your Financial Aid)
 Are you requesting to drop ALL your classes for this term? Yes No (if Yes, the 6 Drop limit does not apply)

E. List Classes and CRNs to be Dropped or Added (if any). If more space is needed, attach additional sheet.

SUBJ/NUMBER	CRN	LAST DAY YOU ATTENDED THIS CLASS	REASON FOR DROP or ADD

F. Mark this box to confirm that you have attached supporting documentation as part of this appeal request. An incomplete appeal request form or a form submitted without supporting documentation will not be accepted or reviewed. Supporting documentation includes but is not limited to: doctor's statement, hospital bill, death certificate, police or insurance report, obituaries, funeral notices, newspaper article, instructor or advisor correspondence.

STUDENT SIGNATURE _____ DATE _____ / _____ / _____

For Office Use Only: Resolution Notes Revised: 09/2014	Received By _____	Date _____
	Processed By _____	Date _____