

## **EXCESSIVE HOURS APPEAL FORM**

| Name:   |                               |
|---|-------------------------------|
| R#:   |                               |
| First Term Attended:  |                               |
| Graduation Date:  |                               |
| Benefit(s) you are no longer eligible for:  |                               |
| Fundamentian of boundaries agreeing agreeing bound status.  |                               |
| Explanation of hardship causing excessive hours status:   |                               |
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| Please list all other Texas public institutions of higher education benefits used at each:  | on attended and the amount of |
|   |                               |
|   |                               |
|   |                               |
| Please include copies of any supporting documentation you feel is completed form to Student Business Services, located in Room 30 email to <a href="mailto:sbs@ttu.edu">sbs@ttu.edu</a> or by fax at (806)742-5910. |                               |
| Signature: D  | ate:                          |