



APPEAL OF WITHDRAWAL PROCEDURE

Student Name: _____

Submit all of the following to the appropriate office within five (5) University business days from the date of the Appeal of Withdraw required notification. You may not accrue any additional absences during or after the appeal process.

- ☐ ***Appeal of Withdrawal Application* packet**
- ☐ **Typed letter explaining your absence/s and why you believe an appeal of withdrawal should be granted**
- ☐ **Original documentation such as doctor's notes, obituaries, family emergency documentation, and/or a completed Step to Success**

Completed appeals should be submitted to the TSI office in **Drane Hall 217**.

Appeal Decision Notification- An advisor will e-mail you the decision of your Appeal of Withdrawal. All notifications will be sent via your TTU e-mail address. Please make sure your correct e-mail is included in the appeal and a contact phone number should questions arise.

**APPEAL OF WITHDRAWAL APPLICATION**

Dates of Absences:

CLASS/Instructor	1	2	3	4	5	6	7	8	9	10

_____ **INITIALS** I understand that I am ONLY allowed ONE appeal for an academic semester per course. If my appeal is approved, I know that I will NOT be allowed to file another appeal.

Absence Documentation Provided (Please Check ALL that Apply)

Completed Step to Success (check all that apply; documentation is required)

☐ Other

- ☐ Met with TSI Advisor
- ☐ Met with TSI Instructor
- ☐ Met with a SOAR Academic Coach
- ☐ Visited the Learning Center

Signature of Student

Student R#

Date

For Office Use Only:

Approved

Not Approved

Authorized Advisor Signature

Date

Comments Official Use Only:



AUTHORIZATION TO CONFIRM

I understand that should my documentation prove fraudulent the following will occur.

- Immediate withdrawal from the course.
- Appeal documents will be turned over to *Office of Student Conduct* which could lead to the immediate dismissal from Texas Tech University.
- Possible suspension from Texas Tech University.
- Appeal documents will be turned over to the *TTU Police Department* resulting in investigation and potential criminal charges.

I, _____ give permission to *Texas Success Initiative Developmental Education Program* to verify the authenticity of all documentation submitted with my Appeal of Withdrawal Application. My authorization will be in effect only until an Appeal Decision has been made.

Signature

Date

R#

Phone Number

TTU Email Address