DALLAS COUNTY COMMUNITY COLLEGE DISTRICT
TX SB 1231 DROP APPEAL REQUEST

Please use BLACK or BLUE INK only.

Print Name: _____
Last First Middle

Student ID Number: _____ Date of Birth (mm/dd/yyyy): _____

Address (Street): _____

_____
City State County Zip Code

Home #: _____ Cell #: _____

E-mail Address: _____

Course Name	Course Number	Section Number	Year & Semester

In your own words, please state the reason(s) for your appeal. (Please attach supporting documentation.)

Comment Line:

_____

_____

_____

_____

_____

_____

_____

_____

(Use the back of this form for continued explanation if needed.)

A grade dispute will not be considered later than the end of the term following the term in which the grade was awarded. In a summer term, the dispute must be initiated no later than the end of the following Fall term.

Student Signature: _____ Date: _____

Please turn in completed form to the college **Registrar's Office**.

For Office Use

Reviewed Date: _____ Approved or Denied

Reviewed By: _____

Printed Name: _____ Date: _____

Form No. 0827-06/08