



Office of Student Records
3007 N. Ben Wilson, Victoria, TX 77901
Fax: 361-580-5545 Email: registration@uhv.edu

The Office of Student Records will only consider exceptions to its published policies and/or procedures based on a formal appeal filed by the student. ***Please attach this completed form as a cover sheet for your appeal.***

Appeal Form

- 1 Complete the student portion of the form.
- 2 **Attach a letter** explaining and supporting your appeal. Your letter should be specific and include all relevant names, dates, and copies of correspondence, etc., which will assist in evaluating your appeal.
- 3 Return the completed appeal form, letter, and supporting documentation to the address or fax number listed above. Please allow three business days from date appeal is received in the Office of Student Records. You will be notified of the outcome by your UHV e-mail.

STUDENT INFORMATION			
Date:		Relevant Term:	
Name:		Address:	
Student ID#			
Preferred Phone:		City, State, Zip	
UHV E-mail Address: Note: All correspondence will go to your UHV E-mail account.			

Please indicate type of appeal:

- Six Drop (6W) Exception *(reviewed by Registrar or Assistant Registrar)*
- Medical Withdrawal – Grade of W only *(reviewed by Provost/Vice President for Academic Affairs)*
- Medical Withdrawal – Full Refund *(reviewed by Refund Appeal Committee)*
- Other _____
(Please provide brief description.)

Signature: _____ Date: _____
(Student)

BOTTOM PORTION FOR OFFICE USE ONLY

Recommendations and comments:

Approved Disapproved

Signature _____ Date: _____
(Registrar or Asst. Registrar / Provost / Refund Appeal Committee)