**Appeal Form – Developmental Education Policy**

*(This form must be turned in to the BARC no later than one day prior to General Registration for the quarter in which the appeal is sought.)*

Name: _______________________________________________________________________________________

(Last) (First) (Middle)

Campus Wide ID Number: ___________________________ Phone Number: ___________________________

Email Address: _____________________________________________________________________________

Check the course for which you are appealing: _____ Math 099, _____ English 099

Check the reason(s) for your appeal:

_____ I did not complete my Developmental (099) course within the first four quarters of my attendance at Louisiana Tech University.

_____ I have attempted my Developmental (099) course three times (including drop “W” grades) and have not yet passed the course with a grade of “S.”

Please explain why you have not satisfied your Developmental course requirements in the allotted time frame. Attach any documentation that you feel is appropriate and that relates to the reason you are appealing. For example, documentation of an illness could be a note from your doctor. The Appeals Committee may request additional documentation from you. (Attach a separate page if additional space is needed.)
Explain your plans for successfully completing your Developmental course requirements:

I certify that all of the information stated on this form is true and accurate. Further, I understand that intentionally withholding information or giving false information will result in this appeal being denied or revoked and that additional disciplinary actions may be initiated.

______________________________
Student Signature

______________________________
Date

Return this form to:
Developmental Suspension Appeals Committee
Bulldog Achievement Resource Center (BARC)
Wyly Tower, Main Floor, Room 202

For Office Use Only:

Hours attempted______, hours completed ______, cumulative GPA as of end of ______ quarter is ______.

Extension through _____ Quarter is _______/__________
Approved, Disapproved

Comments and/or conditions for approval or disapproval (i.e. must meet with BARC staff member “X” times during “X” quarter; must come in for learning assistance “X” times; etc.):

______________________________
Signature of Committee Chair (Director of the BARC)

______________________________
Date