



Louisiana Tech University  
 Wylly Tower, Main Floor, 202  
 P.O. Box 3054  
 Ruston, LA 71272  
 318-257-4730

***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