



## Enrollment Appeals - General Information

The Enrollment Appeal process allows students who have experienced extenuating circumstance(s) that prevented them from attending classes, completing course obligations, and/or satisfying their financial obligation to the College, to request:

- Financial Action: May be a refund or waiver of charges for course(s) a student was unable to complete OR
- Academic Action: Removal of course(s) from academic transcript due to verified nonattendance; or Retroactive withdrawal from course(s).

Supporting Documentation of the extenuating circumstance(s) is the following:

- Health related situations must include an official, signed letter from medical provider stating circumstances, treatment dates, and whether condition prevented the student from finishing class(es);
- Accident report;
- Copy of death certificate or obituary; or
- Other documentation of undue or unforeseen hardship.

Appeals will not be considered if they pertain to repeat fees. The Texas Legislature eliminated funding to colleges and universities for students enrolled in courses that are attempted multiple times. An attempted course is defined as any course in which a grade is earned, including repeated courses and courses dropped with a grade of "W." This fee is approved by the College Board of Trustees, and it cannot be appealed.

Appeals will not be considered if they pertain to grade changes or denial into a program. These requests must follow the procedures for Student Appeal of Course Grades. Issues regarding acceptance into Nursing and Allied Health (NAH) programs must follow the procedures outlined in the Division of NAH Handbook.



Office of Admissions and Records  
P.O. Box 9701  
McAllen, TX 78502-9701  
(956) 872-8323  
[admissions@southtexascollege.edu](mailto:admissions@southtexascollege.edu)

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## Enrollment Appeal Form

Submit appeal to [admissions@southtexascollege.edu](mailto:admissions@southtexascollege.edu). Attach additional sheets of paper for your appeal, along with supporting documentation, if necessary.

A#: \_\_\_\_\_ Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Year & Term for Appeal (check one term only) Year \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**Indicate subject, course & section, if applicable (Example: ACCT 2301.P06)**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

**I certify that all of the information provided herein is true and correct to the best of my knowledge.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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A#: \_\_\_\_\_ DOB: \_\_\_\_\_ Name: \_\_\_\_\_

**Please explain the situation in detail:**

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**What is your desired outcome?**

(Example: To be dropped at 100% from all my courses for the Spring 2017 semester)

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