



Chapter 35 XDVD Exemption Appeal Form

Semester _____ Year _____

Name (Print) _____ SSN _____

Permanent Address _____ City _____ State _____ Zip _____

Email Address _____ Phone No. _____ Cell No. _____

Please complete this form if you did not meet the necessary requirements to receive the Chapter 35 XDVD exemption. Please attach any necessary documentation such as transcripts, accident reports, letter from physician or employer, legal documents, etc with your appeal. Submit this completed form to Enrollment Management Office. (Please allow 2-3 weeks for the committee's to review your appeal.)

What was your mitigating circumstance?

What has been done to rectify this from happening again?

Why do you feel that you appeal should be approved?

Signature: _____ Date: _____

Approved Denied _____ Semester ___ No. of Appeals

Must earn 6 hrs Must earn 9 hrs Must improve GPA and earn 75%.

Signature: _____ Date: _____

Comment: _____
