



## Excessive Hours Appeal Form

The purpose of this form is to give students with extenuating circumstance the opportunity to appeal the excessive hours fee. This form needs to be completed and submitted by the student by the appropriate deadline published on the [Excessive Hours Website](#). Appeals can only be considered for the situations listed below; unfortunately, no other reasons can be considered.

**Please see the excessive hours website for more information and deadlines:** <http://excessivehours.tamucc.edu/>.

The appeals process may include an interview at the discretion of the Appeals Committee. Once completed please submit the form and all required documentation electronically to [excesshours@tamucc.edu](mailto:excesshours@tamucc.edu). Documentation supporting the request must be submitted with the Appeals Form for it to be considered.

I, \_\_\_\_\_(Name), \_\_\_\_\_(Student ID/A number), wish to appeal the excessive hour fee for

because the following extenuating circumstance affected my enrollment status, caused undue hardship, and resulted in attempted hours being accumulated.

**Tell us about yourself:**

**Current Major:**

**Concentration (if applicable):**

**Total Hours Required for the Degree:**

**(Check Degree Works)**

**Projected Term of Graduation:**

**Select all that apply:**

I was enrolled in college classes while I was a high school student, and I believe these dual enrollment classes are being calculated into my excessive hours. *Submit copy of high school transcript to [http://admissions.tamucc.edu/freshman\\_transfer/apply.html](http://admissions.tamucc.edu/freshman_transfer/apply.html).*

High School: \_\_\_\_\_ Month/Year of Graduation: \_\_\_\_\_

I was called to active military duty during a semester in which I was enrolled and my absence negatively affected my academic performance.

Date of activation \_\_\_\_\_ *Attach copy of military orders.*

I took a Title IX approved leave of absence during a semester in which I was enrolled. *Provide documentation/confirmation from Title IX Office from the institution that handled your case.*

My documented disability negatively affected my academic performance. *Provide documentation from the Disability Services Office at the institution where you accumulated hours to show that you had a documented disability that caused excessive hours to be accumulated.*

I had a medical emergency during my time as a student that caused me to withdraw from the university. Date of Withdrawal: \_\_\_\_\_ *Provide medical documentation if withdrawal is from a non-TAMU-CC institution.*

I had a medical emergency during my time as a student that negatively affected my academic performance. *Provide supporting documentation.*

A family member passed away during a semester in which I was enrolled and the death negatively affected my academic performance. *Provide supporting documentation.*

I had the responsibility for providing care for a sick, injured, or needy person and providing said care affected my academic performance. *Provide supporting documentation.*

I am in the last semester of the ROTC program for commissioning as an officer. *Provide signed degree plan.*

I am receiving a Pell Grant in the term listed above. *A valid FAFSA must be on file with Financial Aid Office and all federal and university requirements must be met. Verification will be made with Financial Aid Office.*

Reasons appeals will not be accepted: part-time status, work schedule, academic suspension, sanctions assessed due to code of conduct violations, situations involving academic misconduct, courses repeated to improve a grade in order to enter into a particular program, academic advising challenges, change of major, financial implications, course load, etc.

In the space provided, please provide a detailed statement on how the reasons above caused you to accumulate excessive hours. (REQUIRED)

#### Current Contact Information

Phone Number:

Email Address:

I certify the information provided above is true and correct. I am attaching supporting documentation detailing and documenting my unusual/extenuating circumstances. I understand the contents of this appeal and that the decision of the Appeals Committee is final.

Digital Signature

Date

Once you click the submit button you will have an option to e-mail the form via several services, including your default e-mail program. Be sure to attach any supporting documentation before sending. If you have trouble submitting the form automatically, save the form to your computer and email it, along with any supporting documentation, to [excesshours@tamucc.edu](mailto:excesshours@tamucc.edu).