



**Office of Student Records**  
**3007 N. Ben Wilson, Victoria, TX 77901**  
**Fax: 361-580-5545 Email: registration@uhv.edu**

The Office of Student Records will only consider exceptions to its published policies and/or procedures based on a formal appeal filed by the student. ***Please attach this completed form as a cover sheet for your appeal.***

## Appeal Form

- 1 Complete the student portion of the form.
- 2 **Attach a letter** explaining and supporting your appeal. Your letter should be specific and include all relevant names, dates, and copies of correspondence, etc., which will assist in evaluating your appeal.
- 3 Return the completed appeal form, letter, and supporting documentation to the address or fax number listed above. Please allow three business days from date appeal is received in the Office of Student Records. You will be notified of the outcome by your UHV e-mail.

| STUDENT INFORMATION  |  |                  |  |
|--|--|------------------|--|
| Date:  |  | Relevant Term:   |  |
| Name:  |  | Address:         |  |
| Student ID#  |  |                  |  |
| Preferred Phone:   |  | City, State, Zip |  |
| UHV E-mail Address: Note: All correspondence will go to your UHV E-mail account. |  |                  |  |

Please indicate type of appeal:

- Six Drop (6W) Exception *(reviewed by Registrar or Assistant Registrar)*
- Medical Withdrawal – Grade of W only *(reviewed by Provost/Vice President for Academic Affairs)*
- Medical Withdrawal – Full Refund *(reviewed by Refund Appeal Committee)*
- Other \_\_\_\_\_  
(Please provide brief description.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

**BOTTOM PORTION FOR OFFICE USE ONLY**

**Recommendations and comments:**

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Approved       Disapproved

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Registrar or Asst. Registrar / Provost / Refund Appeal Committee)