



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

Enrollment Appeal Form

Submit appeal to 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:

What is your desired outcome?

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