Appeal Request

☐ **LSC-CyFair** ☐ **LSC-Kingwood** ☐ **LSC-Montgomery** ☐ **LSC-North Harris** ☐ **LSC-Tomball**
☐ **LSC-Carver Center** ☐ **LSC-Fairbanks Center** ☐ **LSC-Greenspoint Center** ☐ **LSC-University Park**

If you feel you have an extenuating circumstance and as a result would like to dispute your grade or class enrollment, you may complete this form. Students are expected to monitor progress in all their courses. All requests for corrections or reviews must be submitted to the admissions office within 12 months of the close of the semester in which the course was taken.

Your appeal request will be submitted to a committee for review. The process takes approximately 4-6 weeks to determine a final outcome of your request.

Complete the following information:

Today's Date: _____

LSCS ID #: _____

Name: _____
Last First Middle Initial

Address: _____

Phone Number: _____

E-mail Address: _____

Semester and year to appeal: _____

Classes to appeal: _____

Student Signature: _____

Students are required to attach their letter and other important documents providing information regarding the reason for their appeal.

FOR OFFICE USE ONLY

Check Reason(s) For This Transaction:

___Death ___Severe Illness/Major Medical/Surgery ___Active Military Duty ___Administrative

___Approved ___Denied Percent of Refund _____% Tuition & Fees

_____/_____
Student Services Administrator/Designee Date

_____/_____
Financial Aid Designee (if applicable) Date

_____/_____
Business Services Designee (if applicable) Date

Authorized by:_____/_____
Vice-President Date