Texas A&M University-Texarkana
Academic Records Appeal Form

An Academic Records Appeal is a request from a student (enrolled or non-enrolled) to change a part of their academic record at Texas A&M University-Texarkana as a result of extenuating circumstances. This could be an appeal to have a class removed permanently from the academic record, a class to be dropped or a semester of classes to be withdrawn after the semester is completed, a refund of tuition/fees for a specific semester, or any changes to a students’ academic record.

Student Name: _______________________________ ID:_______________ Birth date: ________________

Phone Number:________________________ Email:_________________________________________________

Current Address:________________________________________________________

Type of Appeal:
☐ Drop/Withdraw after deadline (current semester) ☐ Refund of tuition/fees
☐ Drop/Withdraw from previous semester ☐ Other (please explain in statement)

Please submit a typed statement with this appeal form. Please include the following information:

- What information are you requesting to be changed?
- What was the nature of the event that occurred? Dates it began and ended? The effect it had on your classes or ability to attend class?
- What prevented you from meeting the deadlines during the semester you are appealing?
- Other supporting medical or other documentation for extenuating circumstances

An appeal to have academic records updated or changed will only be considered up to one year (12 months) after the record was placed on the student’s academic record. It is up to the student to review their records and start the appeal process within this time frame. Appeal decisions could have a financial obligation to the student.

I confirm that all the above information provided is true and correct and I understand that if the above or attached information is found to be falsified in any way that the Appeal Committee can choose to overturn any decision previously made. I understand that the decision made by the Appeal Committee is final.

Student Signature: _______________________________________________ Date: ______________

Registrar Use Only: Received by Registrar's Office: _______________ Appeal Committee Date: ______________

Term the Student filed: _______________ Decision: ☐ Approved ☐ Denied

Signature of the Appeal Board Committee Chair: __________________________________________

Decision will be emailed to the email address listed above.

Return to the Office of the Registrar:
Fax: (903) 223-3140 Email: registrar@tamut.edu Office: University Center, 2nd floor, Suite 260