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Richland College
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phone: 972-238-6100
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State of Texas Waivers and Exemptions Appeal

Return, mail, or fax this completed form and all required attachments to the Admissions Office at the college in which you are enrolled.

Student Name _____ Student ID# _____
Last First

E-mail Address: _____

Home Address: _____
Street Address City State Zip Code

Which DCCCD College will you be attending for most of your classes this year?

BHC ___ CVC ___ EFC ___ ECC ___ MVC ___ NLC ___ RLC ___

When do you expect to graduate from your current program of study? _____

Required attachments:

1. A typed explanation for failing to meet the cumulative grade point average of 2.0.
2. A typed explanation for exceeding the amount of allowed hours.
3. Supporting documentation relevant to the explanation.

Appeal deadlines: Fall- September 9th, Spring-February 3rd, and Summer-June 16th

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Enrollment term of appeal: _____ AR payment made: Yes / No Number of Prior Suspensions: _____

Cumulative GPA: _____ Outstanding Transcripts: Yes / No Number of Hours: _____

Reviewed by: _____ College _____ Date _____

DECISION

Approved _____ Denied _____ Date: _____

Comments: _____

Date Approval/Denial Letter Sent: _____ Sent via: e-mail _____ U.S. mail _____