

Undergraduate Appeal for Exemption to 6-Course Limit Drop PolicyOffice of the University Registrar

(Please Print) TAMIU II	Year:							
TAMIUTI								
	TAMIU ID Last Na		ame First Name			MI Date of Birth		
Ma	iling Address		City,	State, Z	Zip	Contact Number		
	Email Email				Stude	ent Classifica	tion	
				FR		☐ JR	SR	
	I requ	est the exemptio	on for the	course(s) listed belo	w:		
CRN (5-digit)	Crse Prefix (Ex: ENGL)	Crse No. (Ex: 1301)	Crse Sec (E	x: 101) Cr	:	Instructor		
Reason for dro Documentation is required. Severe il Care of s Death of certificat Active do relations Change i	1 \ /	ting condition (state person (statement fine) other person who is carry) per of the military by the cee of the control of the	tement from from doctor is otherwise by the studer	ay only be ap doctor) or sick/ing considere nt, a famil	njured/needy per ed to have a suff ly member, or a ter from employ	m they were dropped erson) fficiently close r a person with su	relationship <i>(death</i>	
I certify that the i	information submitted	in this appeal, incl	luding the si	upporting	g documentation	n, is true and co	omplete to the best	
	. I also understand that			_				
Student's Signa	ıture:				Date: _			

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