

**Texas State University at San Marcos**  
**College of Science Total Withdrawal Appeal Form**  
**(This Two Page Form Must be Typed)**

Student Name: \_\_\_\_\_

Student ID # \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Instructor	Course Prefix & Number	Section #	Semester & Year	Grade Received	Grade Requested

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In space provided below, please indicate the steps you have taken to resolve this situation including a justification for the total withdrawal request. If necessary, attach any additional documentation.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This documentation will be reviewed by the Instructor, Department Chair and Dean. You will be notified of a decision regarding this matter by mail.