

APPEAL REQUEST FORM

Please return form to: Tulsa Tech C/O ONE-STOP PO BOX 477200 Tulsa, OK 74147-7200 Email: info@tulsatech.edu Phone: (918) 828-5000 Fax: (918) 828-5229

Select The Type of Appeal:

Admissions Appeal:	Tuition Appeal:	Prior Credit Appeal:
☐ Did not meet Admissions Requirements	☐ Refund of Tuition	\square Did not meet Prior
☐ Not selected into a Full-time Program	☐ Transfer of Tuition to another class	Credit Requirements
I hereby authorize the release of an	y records or other information to th	ne Appeal Team.
Appealing Student: (please print)	Date of Birth:	
School Year / Semester:	Program / Class:	
Current High School / Company (complete if	applicable or sponsored):	
» Submit Additional information to support y» A decision may be made on this information		or additional information
Please exp	lain the reason for your appeal: —	
Signature:	Date:	
» If additional space is needed, please attach a separate s		
» If you require special accommodations pursuant to the A	Americans with Disabilities Act, Individuals with Disabilitie	
or Section 504 of the Rehabilitation Act, please contact 3420 S. Memorial Drive, Tulsa, OK 74145 or call (918) 82	the Tulsa Tech Special Services Coordinator, Career Servic 28-5297.	res,
» You will be contacted with a decision within 30 days of	the appeal date.	an status, or disability
» Tulsa Tech does not discriminate on the basis of race, co	ior, rengion, national origin, genuel, age, marital of vetera	an status, or uisaviiity.
For Office Use Only:		
Date Received: Approved: \(\square\) Yes	Notes:	