THE UNIVERSITY OF WISCONSIN – MILWAUKEE
Academic Opportunity Center

Appeal for Late Change of Program

PLEASE READ THE APPEAL PROCEDURES FOR LATE CHANGE OF PROGRAM (AVAILABLE FROM YOUR ADVISOR) BEFORE SUBMITTING THIS APPEAL.

Complete this form (please PRINT legibly). Return the completed form and any documentation to your AOC advisor. STUDENTS ARE CAUTIONED TO REMAIN IN CURRENT PROGRAM UNTIL A FINAL DECISION IS REACHED. CONTINUE TO ATTEND CLASSES UNLESS OTHERWISE NOTIFIED!!

Name:_________________________________________________ Student #______________ - ____ - ______

Local Address: ___________________________________________________________________________________

______________________________________________________ Phone # __________________

City                                               State                    Zip Code

EMAIL Address: ________________________________

Action Requested for Semester __________ , _________________ Academic Year

WITHDRAWAL _____ I wish to withdraw from all courses.

ADD _____ DROP _____ (List course(s) below.)

Department: ____________________________ Course #: __________________ Sec. # ________________

Department: ____________________________ Course #: __________________ Sec. # ________________

Department: ____________________________ Course #: __________________ Sec. # ________________

CHANGE (Select the appropriate option below)

Department: ____________________________ Course #: __________________ Sec. # ________________

_____ Change to credit / no credit _____  _____ Change from credit / no credit to grade

_____ Change # credits from ____ to ____  _____ Change section # to _____

_____ Other (explain) ____________________________________________________

REASON WHY EXCEPTION TO THE DEADLINE SHOULD BE GRANTED

Provide an explanation on the reverse side of this sheet or a separate letter. ATTACH ALL RELEVANT DOCUMENTATION (e.g. medical/doctor notes, etc.)

I understand that I am responsible for the authenticity on this form and all related documentation; misrepresentation will result in disciplinary action against me.

Student’s Signature ___________________________ Date ___________________________

_________________________________________ Distributed ___________________________

_________________________________________ Received ___________________________

_____ Approved  _____________________ Distributed _____________________ Received ___________________________

_____ Denied

_____ Tabled

Dean’s Signature ___________________________ Date ___________________________

(rev. 050108)