

**Academic Appeal Form**

Return to: [cgs-acac@uwm.edu](mailto:cgs-acac@uwm.edu) or Student Affairs Office

<b>Name</b>	
<b>Phone</b>	
<b>Student ID</b>	

**Type of Appeal (check all that apply):**

Withdraw from a course after the deadline - include Registration Change Form for **each** course

- Course and semester: \_\_\_\_\_

Withdraw from all courses after the deadline - include Withdrawal Request Form

- Semester: \_\_\_\_\_

Appeal Associate degree requirement

- Cannot appeal 60 credit minimum, 2.000 grade point average, core math or English requirement

Appeal early return from suspension

- Reentry semester requested: \_\_\_\_\_

Other: \_\_\_\_\_

**Directions:**

Include a written statement and all necessary forms for appeal to be reviewed. Documentation is strongly suggested however, not required; see back for list of documentation examples.

- ✓ Explain the timeline of the circumstances surrounding your appeal.
- ✓ What prohibited you from being able to take action/drop courses before the deadline?
- ✓ What is your plan of action to be successful in future courses?

**Student Consent:**

*I give the Student Affairs Office permission to provide copies of the appeal and educational records to all members of the Academic Actions Appeal Committee.*

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

\*If your appeal is denied, you have the right to submit a second-level appeal to the Assistant Dean of Student Affairs. Contact your assigned academic advisor for additional information.

**Documentation Examples:**

Circumstance		Example
Work Related	Required overtime, required schedule change	<ul style="list-style-type: none"> <li>Letter from employer including effective date(s) and if the increase in hours was mandatory</li> </ul>
	Reduced hours resulting in increased childcare need, layoff, job loss	<ul style="list-style-type: none"> <li>Letter from employer</li> <li>Separation letter</li> </ul>
Medical Condition	Serious illness or change in health status	<ul style="list-style-type: none"> <li>Letter stating doctor advised period of home rest</li> <li>Record of doctor visits</li> </ul>
	Surgery/hospitalization	<ul style="list-style-type: none"> <li>Letter stating doctor advising period of recovery</li> <li>Record of doctor visits</li> <li>Hospitalization records</li> <li>Copy of medical bills documenting illness/injury</li> </ul>
	Mental health issue	<ul style="list-style-type: none"> <li>Letter from doctor, therapist or counselor</li> </ul>
	Dental emergency	<ul style="list-style-type: none"> <li>Record of dental visits</li> <li>Letter from dentist</li> <li>Letter stating dentist advised period of recovery</li> </ul>
Childcare/Family	Child's medical issue	<ul style="list-style-type: none"> <li>Records from daycare/school that child was required to be kept home, include in written statement that alternative childcare was not available, and the plan will be in the future if it were to happen again</li> <li>Record of doctor visits</li> <li>Letter stating doctor advised period of recovery</li> <li>Hospitalization records</li> </ul>
	Childcare issue	<ul style="list-style-type: none"> <li>Letter from former childcare provider</li> <li>Letter from current childcare provider</li> </ul>
Additional Circumstances	Death of a loved one	<ul style="list-style-type: none"> <li>Obituary</li> <li>Funeral program</li> <li>Letter from counselor</li> <li>Documentation includes date and indicates relationship to the deceased</li> </ul>
	Eviction	<ul style="list-style-type: none"> <li>Eviction notice</li> <li>Letter from transitional housing program</li> </ul>
	Assault/domestic violence	<ul style="list-style-type: none"> <li>Police report</li> <li>Court documentation</li> <li>Letter from clergy, social worker, counselor, doctor</li> </ul>
	Incarceration	<ul style="list-style-type: none"> <li>Court documentation</li> </ul>
	Loss of transportation	<ul style="list-style-type: none"> <li>Auto repair documentation</li> </ul>

-----For Office Use Only-----

**COMMITTEE RECOMMENDATION:**

Approve

Deny

Condition(s) if approved:

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Signature of Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_