APPEAL FOR LATE CHANGE OF PROGRAM

College of Letters & Science

PLEASE READ THE LATE CHANGE OF PROGRAM PROCEDURES BEFORE SUBMITTING THIS APPEAL.

Complete this form (please PRINT legibly) to the dotted line. Return the completed form and any documentation to ellisond@uwm.edu. STUDENTS ARE CAUTIONED TO REMAIN IN CURRENT PROGRAM UNTIL A FINAL DECISION IS REACHED.

Name: __________________________ Student #: __________________________

Local Address: __________________________ Email: __________________________

City, State, Zip: __________________________ Phone #: __________________________

Action Requested for: □ Fall □ Winterim □ Spring □ Summer Academic Year: __________________________

☐ Withdrawal. I wish to withdraw from all courses.

Note: Request for and approval of a withdrawal does not guarantee a tuition credit. Contact the Office of Student Life/Dean of Students Office at (414) 229-4632 for information about the criteria for a tuition credit.

☐ Add □ Drop List course(s) below.

Department: __________________________ Course #: __________________________ Sec. #: __________________________

Department: __________________________ Course #: __________________________ Sec. #: __________________________

Department: __________________________ Course #: __________________________ Sec. #: __________________________

☐ Change. Select the appropriate action below.

Department: __________________________ Course #: __________________________ Sec. #: __________________________

☐ Change to credit/no credit □ Change from credit/no credit to grade □ Change section to ________

☐ Change # credits from ____ 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

☐ Approved Distributed / / Received / / /

☐ Denied

☐ Tabled Dean’s Signature Date