



LATE COURSE ADD/DROP AND WITHDRAW APPEAL FORM

College of Letters & Science

PLEASE READ THE [LATE CHANGE OF PROGRAM POLICY](#) BEFORE SUBMITTING THIS APPEAL.

Complete this form (please PRINT) to the dotted line. Return the completed form and any documentation to Deona Mickens 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: _____

I have spoken with my advisor about making a late change to my program: Yes No

Request for and approval of a withdrawal does not guarantee a tuition credit. If you are appealing for a Medical Withdraw or Drop because you: 1) experienced a serious or unexpected physical or behavior health condition, 2) experienced a pre-existing, recurring, or chronic health condition that worsened, 3) need to provide care to an immediate family member, and/or 4) experienced the death of an immediate family member, please fill out a [Medical Withdraw Application](#). For all other reasons please continue to fill out this form.

Withdrawal. Check this box if you wish to withdraw from all courses.

Add a class(es) **Drop a class(es)** List specific 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): _____

PROVIDE AN EXPLANATION for why this exception should be granted in a separate letter and 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