APPEAL FOR WITHDRAWAL FROM CLASSES/UNIVERSITY FORM

(To be used after the W-Drop deadline)

Appeals for drops and withdrawals after the posted deadlines will be considered on a case-by-case basis if there are extenuating circumstances that impacted your ability to complete a drop or withdrawal within the normal timelines.

Appeals will be reviewed by the Academic Appeals Committee. The committee will consider information submitted in the appeal packet as well as your academic record. The committee may independently seek information from campus personnel, such as faculty, advisors, student success staff, and the Dean of Students. Decisions will be communicated by email to your UWSP email account.

Questions about the appeal process should be directed to the Office of the Registrar at registrar@uwsp.edu.

SECTION I: STUDENT INFORMATION

_____ _____

Last Name First Name UWSP ID Number

_____ _____ _____

UWSP Email Cell Phone Advisor

_____

Street Address

_____ _____ _____

City State ZIP

SECTION II: REQUEST

(choose one option)

- ○ Appeal to withdrawal from **all courses** for term/semester.

  Term/Semester for which I am requesting withdrawal: _____

- ○ Appeal to drop **individual course(s)** during the term/semester:_____

  Requested course number(s) and title(s):

  _____ _____

  _____ _____

SECTION III: EXPLANATION

1. Please describe the unforeseen circumstances that occurred during the semester.

2. When did the circumstances occur? How long did the circumstances last?

3. How did the circumstances affect your ability to be successful?

4. Why were you unable to drop by the standard W-drop deadline?

SECTION IV: DOCUMENTATION (Appeals will not be considered without appropriate documentation.)

Please provide documentation as evidence of the unforeseen circumstances that contributed to your academic difficulties. Documentation may include communication from university personnel familiar with your situation (e.g. advisor, Dean of Students, instructor), documentation from a health provider, an obituary, police/fire reports, or other documentation that is relevant to your case.

By signing this form, I certify that all information and documentation is authentic, accurate, truthful, and complete.

_____ _____

Signature Date

Please return this form to: Office of the Registrar, 171 Library & Student Resources Center

Email: registrar@uwsp.edu Fax: 715-346-2558