



UNIVERSITY OF WISCONSIN  
**Colleges**  
*The freshman/sophomore UW campuses*  
**Academic Appeal Form**

**Please Print**

Date: _____	Student ID: _____ or _____
Student Name: _____	DOB _____
Mailing Address: _____	Phone (cell): _____
City, State, Zip _____	Phone (home): _____

**Directions:**

Complete and return this form to the Student Affairs / Solution Center Office. If further information is needed you may be required to meet with the committee. If your appeal is denied by the Academic Actions committee, you have the right to appeal to the Campus Administrator

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

- Appeal a Suspension for term: \_\_\_\_\_
- Appeal Associate Degree requirements
- Drop a course after the term deadline; Specify course & term: \_\_\_\_\_
- Withdraw from all courses after the deadline; Specify semester: \_\_\_\_\_  
 (Note: Complete withdrawal may require financial aid re-payment by student)
- Does appeal pertain to Online courses? (see transcript)
- Other: \_\_\_\_\_

**Attach a concise written statement. The information provided in your statement will be used for the outcome of your appeal. Documentation to support your appeal is strongly suggested.**

*I am aware that the composition of the committee consists of faculty, staff, and one student. I give the Student Affairs Office permission to provide copies of my appeal and educational records to all members of the committee.*

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

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

**This section must be completed when the student is appealing for complete withdrawal (from all courses):**

Record last date of attendance or academic participation in each class (contact professor(s) for date):

Class: _____	Date: _____	Class: _____	Date: _____
Class: _____	Date: _____	Class: _____	Date: _____
Class: _____	Date: _____	Class: _____	Date: _____

Circumstance		Documentation Examples
Work Related	Required overtime, required schedule change	<ul style="list-style-type: none"> <li>Letter from employer including effective dates(s) and whether 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 advised period of recovery</li> <li>Record of doctor visits</li> <li>Hospitalization records</li> <li>Copies 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>
Student's Children	Child's Medical Condition	<ul style="list-style-type: none"> <li>Records from daycare/school that child was required to be kept home (Include in appeal the reasons that alternative care was not available and what the plan is if this should occur in future.)</li> <li>Records from doctor visits</li> <li>Letter stating doctor advised period of recovery</li> <li>Hospitalization records</li> </ul>
	Daycare Issue	<ul style="list-style-type: none"> <li>Letter from former daycare provider</li> <li>Letter from new daycare 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 should include date and indicate 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>
	Transportation loss	<ul style="list-style-type: none"> <li>Auto repair documentation</li> </ul>

**COMMITTEE RECOMMENDATION:**

\_\_\_\_\_ APPROVE \_\_\_\_\_ DENY \_\_\_\_\_ ABSTAIN

Reason(s) for approval/denial:

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Condition(s) if approved:

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

**FINAL DECISION:**

\_\_\_\_\_ APPROVE \_\_\_\_\_ DENY

Condition(s)/reason for decision:

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Signature of Associate Dean \_\_\_\_\_ Date: \_\_\_\_\_

Letter \_\_\_\_\_ Condition \_\_\_\_\_

**MEDICAL APPEAL:** \_\_\_\_\_ APPROVE \_\_\_\_\_ DENY

Date of withdrawal based on latest date of class attendance or academic participation as reported by the student's professor(s) (from class list above) \_\_\_\_\_

Date Student Financial Aid Director was informed of student's withdrawal date \_\_\_\_\_

Date notification sent to student \_\_\_\_\_