



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

Please Print

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

Type of Appeal:

- Appeal a Suspension
- Appeal Associate Degree requirements
- Drop a course after the deadline; Specify course: _____
- Withdraw from all courses after the deadline; Specify semester: _____

(Note: Complete withdrawal may require financial aid re-payment by student)

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 (see the below examples for appropriate documentation).

Circumstance		Documentation Examples
Work Related	Required overtime, required schedule change	<ul style="list-style-type: none"> Letter from employer including effective dates(s) and whether the increase in hours was mandatory
	Reduced hours resulting in increased childcare need, layoff, job loss	<ul style="list-style-type: none"> Letter from employer Separation letter
Medical Condition	Serious illness or change in health status	<ul style="list-style-type: none"> Letter stating doctor advised period of home rest Record of doctor visits
	Surgery/Hospitalization	<ul style="list-style-type: none"> Letter stating doctor advised period of recovery Record of doctor visits Hospitalization records Copies of medical bills documenting illness/injury
	Mental Health Issue	<ul style="list-style-type: none"> Letter from doctor, therapist or counselor
	Dental emergency	<ul style="list-style-type: none"> Record of dental visits Letter from dentist Letter stating dentist advised period of recovery
Student's Children	Child's Medical Condition	<ul style="list-style-type: none"> 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.) Records from doctor visits Letter stating doctor advised period of recovery Hospitalization records
	Daycare Issue	<ul style="list-style-type: none"> Letter from former daycare provider Letter from new daycare provider
Additional Circumstances	Death of a loved one	<ul style="list-style-type: none"> Obituary Funeral program Letter from counselor Documentation should include date and indicate relationship to the deceased
	Eviction	<ul style="list-style-type: none"> Eviction notice Letter from transitional housing program
	Assault/Domestic Violence	<ul style="list-style-type: none"> Police report Court documentation Letter from clergy, social worker, counselor, doctor
	Incarceration	<ul style="list-style-type: none"> Court documentation
	Transportation loss	<ul style="list-style-type: none"> Auto repair documentation

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: _____

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.

Note: Notification of your appeal will be sent to your campus email address.

-----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: _____

COMMITTEE RECOMMENDATION:

_____ APPROVE _____ DENY _____ ABSTAIN

Reason(s) for approval/denial:

Condition(s) if approved:

Signature of Committee Chair: _____ **Date:** _____

FINAL DECISION (if not approved by the committee):

_____ APPROVE _____ DENY

Condition(s)/reason for decision:

Signature of Campus Administrator: _____ **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 _____