

Appeal to Late Drop

Please read instruction located at:

<http://www.uwosh.edu/cols/special-programs/capp/adjunct-teachers/adjunct-forms>

Return to CAPP Office – address located at bottom of page

University of Wisconsin Oshkosh
 Registrar's Office – Dempsey
 Date Received:

Part I *Student completes this section*

Name	Student ID	Campus E-mail Address			
Address			Undergraduate Graduate		
Subject	Catalog #	Section #	Title of Course		Units
Class #	Term	Fall	Year	Session	
		Spring		3 WK	7WK 1
		Summer		14 WK	7WK2
				17 WK	10WK
					4WK1
					4WK2
					8 WK

Summarize the relevant extenuating circumstances that you feel might warrant an exception to the drop policy (Attach a more complete narrative if necessary).

Relevant documentation is generally required and should be attached to this form.

Student Signature **Date**

Part II *Instructor completes this section*

Instructors provide information important in the evaluation of the appeal. The instructor's signature does not mean the appeal is accepted or approved.

Attendance to date Never Regularly Other

Please explain

Other information you think may be relevant in evaluating this appeal:

Instructor's Name (Print) **Signature** **Date**

Part III *Official Decision*

Check One	Approved	Denied	Effective Date
Signature:			Date:
Comments			

Please make a copy of this form for the student and the instructor, fax or mail the original form to:
CAPP- N/E 101 - University of Wisconsin Oshkosh-800 Algoma Boulevard- Oshkosh, WI 54901
 After CAPP receives the form the information contained within this form will be used to fill out an OFFICIAL Appeal to Late Drop Form and it will be mailed to Students Accounts and CAPP will keep a copy for their records. FAX: 920-424-3125