

# Appeal to Late Add

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*

<b>Name</b>	<b>Student ID</b>	<b>Campus E-mail Address</b>			
<b>Address</b>		<b>Undergraduate Graduate</b>			
<b>Subject</b>	<b>Catalog #</b>	<b>Section #</b>	<b>Title of Course</b>		<b>Units</b>
<b>Class #</b>	<b>Term</b>	<b>Fall</b>	<b>Year</b>	<b>Session</b>	
	Spring			3 WK	7WK 1
	Summer			7WK 2	4WK 1
				14 WK	4WK 2
				17 WK	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).

**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.

Did you notify student he/she was not on your computer printout? Yes      No

When did you notify?

If student has completed all course requirements, please give final grade earned.

Other information you think may be relevant in evaluating this appeal

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

## Part III *Official Decision*

<b>Check One</b>	Approved	Denied	<b>Effective Date</b>
<b>Signature:</b>			<b>Date:</b>
<b>Comments</b>			

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