

UNIVERSITY OF WISCONSIN OSHKOSH
COLLEGE OF NURSING

UNDERGRADUATE ACADEMIC STANDING COMMITTEE
FACULTY RECOMMENDATION FOR APPEALS

Semester _____ Date _____

Faculty Name _____

Name of Student _____

Address of Student (if available) _____

Telephone Number of Student: _____

Course Number and Name: _____

Grade Received: _____

Do you recommend that the student be allowed to repeat the course?

Yes

No

Any other recommendations?

Have you apprised the student of the failing grade so that she/he knows he/she is failing and needs to write a letter of appeal to the Academic Standing Committee?

Yes

No

Comments relative to your recommendation (or attach recommendation):