
Appeal to Waive Excess Credit Policy Fees



Directions: Please complete form and attach a copy of your most recent STAR, your unofficial transcript and an academic plan for completing your degree. Your appeal will not be considered without these materials!

Date _____

Name _____ **Appeal for Fall / Spring / Summer** _____
Last First MI (Circle and indicate year)

Date by which you plan on completing your degree. **Fall/Spring/Summer** _____ **Year** _____
(Circle and indicate year)

Student ID Number _____ Campus Email Address _____

Local Address _____

Phone Number _____ Campus e-mail address _____ @uwosh.edu

Major/Degree _____ Minor _____ CGPA _____

Please explain why you feel an exception should be granted due to circumstances beyond your control:

Deadlines: Spring Term – due by 4:00 p.m. on November 1 Summer & Fall Term – due by 4:00 p.m. on April 1

**RETURN COMPLETED FORM TO THE REGISTRATION FRONT DESK, DEMPSEY 130 OR
MAIL TO: Office of the Registrar, University of Wisconsin Oshkosh, Dempsey 130, 800 Algoma Blvd, Oshkosh, WI 54901**

(OFFICE USE ONLY)

APPROVE _____ DENY _____ SIGNATURE _____ DATE _____

REASON: _____ DOUBLE MAJOR _____ COURSES NOT OFFERED _____ OTHER
_____ CHANGED MAJOR _____ EXTENUATING CIRCUMSTANCES

COMMENTS: _____

Please send a copy of this form to: Student, UARC, Department, and Student Accounts