



UNIVERSITY OF WISCONSIN
OSHKOSH

College of Nursing

STUDENT APPEAL FORM

Date _____

Name _____

Permanent Address _____

Phone _____

Local address _____

Phone _____

Email _____

Student ID _____

Program: Prenursing

Traditional

Accelerated

BSN@Home

Other

I. State reason for your appeal (be specific).

II. Provide reasons and evidence to support your appeal (be specific).** Include self-evaluation as related to appeal.

Signature _____

Once complete, send to conappeals@uwosh.edu along with any supporting documentation.

*Must be typed in 12-point font, two-page limit.

**If you have received an unsatisfactory course grade, document what measures you will take to ensure your success in the future.