

# APPEAL TO MODIFY GRADUATE CURRICULUM

UNIVERSITY OF WISCONSIN OSHKOSH

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Last First M

Campus Email: \_\_\_\_\_@uwosh.edu Student ID Number: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Emphasis: \_\_\_\_\_ Cert: \_\_\_\_\_

<p><b>Please Check All That Apply</b></p> <p>Request for appeal(s) is for:</p> <p>Degree Requirement</p> <p>Major</p> <p>Minor</p> <p>Emphasis</p> <p>Certificate</p> <p>Other</p>	Appeal Initiated by:			
	Academic Advisor	Faculty Advisor	Dept. Chair	Other:
	Other Please Explain:			Approve    Deny
	Dept. Representative:		PRINT	
	SIGN		DATE	
	College Representative:		PRINT	
	SIGN		DATE	
Dean of Graduate Studies:		PRINT		
SIGN		DATE		

Comments or Additional Signature: \_\_\_\_\_

\*\*\*Please Submit Form Online\*\*\*  
 or RETURN COMPLETED FORM TO THE GRADUATE STUDIES OFFICE  
**Please allow approximately 10 business day for processing**

1. Action Requested:    Substitute Course    Accept Course    Waive Course(Cannot Waive Credits)

Group: RG \_\_\_\_\_ Requirement: RQ \_\_\_\_\_ Line Item: \_\_\_\_\_

Modification: \_\_\_\_\_

Reason: \_\_\_\_\_

2. Action Requested:    Substitute Course    Accept Course    Waive Course(Cannot Waive Credits)

Group: RG \_\_\_\_\_ Requirement: RQ \_\_\_\_\_ Line Item: \_\_\_\_\_

Modification: \_\_\_\_\_

Reason: \_\_\_\_\_

See Reverse Side for Additional Modification Fields

3. Action Requested:    Substitute Course    Accept Course    Waive Course(Cannot Waive Credits)

Group: RG \_\_\_\_\_ Requirement: RQ \_\_\_\_\_ Line Item: \_\_\_\_\_

Modification: \_\_\_\_\_

Reason: \_\_\_\_\_

4. Action Requested:    Substitute Course    Accept Course    Waive Course(Cannot Waive Credits)

Group: RG \_\_\_\_\_ Requirement: RQ \_\_\_\_\_ Line Item: \_\_\_\_\_

Modification: \_\_\_\_\_

Reason: \_\_\_\_\_

5. Action Requested:    Substitute Course    Accept Course    Waive Course(Cannot Waive Credits)

Group: RG \_\_\_\_\_ Requirement: RQ \_\_\_\_\_ Line Item: \_\_\_\_\_

Modification: \_\_\_\_\_

Reason: \_\_\_\_\_

6. Action Requested:    Substitute Course    Accept Course    Waive Course(Cannot Waive Credits)

Group: RG \_\_\_\_\_ Requirement: RQ \_\_\_\_\_ Line Item: \_\_\_\_\_

Modification: \_\_\_\_\_

Reason: \_\_\_\_\_

Additional Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For modification questions please email: [gradschool@uwosh.edu](mailto:gradschool@uwosh.edu)