
Appeal to Waive Excess Credit Policy Fees



Directions: Please complete this form. Your appeal will not be considered without all fields completed.

Name: _____ Date: _____
Last First MI

Local Address _____
Street city state zip

Student ID _____ Campus Email _____@uwosh.edu Phone Number (____) _____

Appeal for Fall Spring Summer Year _____

Date by which you plan on completing your degree. Fall Spring Summer Year _____

Major/Degree _____ Minor _____ Cumulative GPA _____

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

Please explain academic plan:

RETURN TO: Registrar's Office, Dempsey 130 Email: Registrar@uwosh.edu
MAIL TO: Office of the Registrar, University of Wisconsin Oshkosh, Dempsey 130, 800 Algoma Blvd, WI 54901

(OFFICE USE ONLY)

APPROVE _____ DENY _____ SIGNATURE _____ DATE _____

REASON: _____ DOUBLE MAJOR _____ COURSE NOT OFFERED _____ OTHER _____

CHANGE MAJOR _____ EXTENUATING CIRCUMSTANCES _____

COMMENTS: _____

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