

APPEAL TO MODIFY UNDERGRADUATE CURRICULUM

UNIVERSITY OF WISCONSIN OSHKOSH

[Curriculum Modification Form Instructions](#)

Date submitted _____
Campus e-mail address _____@uwosh.edu
Name _____ Student ID Number _____
Last First MI
Degree/Major _____ Minor _____ CumGPA _____
 Teaching (COEHS) Non-Teaching (COEHS)

Request for appeal is for (check all that apply):

Major

Action Requested (check appropriate option):

Substitute course requirement Accept Course Waive course (Specify in reason)
(cannot waive credits)

Modification:

Reason:

Code on STAR Major and/or area this impacts _____

Minor

Action Requested (check appropriate option):

Substitute course requirement Accept Course Waive course (Specify in reason)
(cannot waive credits)

Modification:

Reason:

Code on STAR Minor and/or area this impacts _____

USP/General Education

Action Requested (check appropriate option):

Substitute course requirement Accept Course Waive course (Specify in reason)
(cannot waive credits)

Modification:

Reason:

Code on STAR USP/ GenEd and/or area this impacts _____

Degree Requirement

Action Requested (check appropriate option):

- Substitute course requirement Accept Course Waive course (Specify in reason)
(cannot waive credits)

Modification: _____

Reason: _____

Code on STAR Degree Req. and/or area this impacts _____

Emphasis

Action Requested (check appropriate option):

- Substitute course requirement Accept Course Waive course (Specify in reason)
(cannot waive credits)

Modification: _____

Reason: _____

Code on STAR Emphasis and/or area this impacts _____

Certificate

Action Requested (check appropriate option):

- Substitute course requirement Accept Course Waive course (Specify in reason)
(cannot waive credits)

Modification: _____

Reason: _____

Code on STAR Certificate and/or area this impacts _____

Initiated by: _____ Date _____

(Must be authorized by one of the following)

(Initial) UARC Advisor____ Faculty Advisor____ Department Chair____ Other____

RETURN COMPLETED AUTHORIZED FORM TO THE REGISTRAR'S FRONT DESK, Dempsey 130

	Approve	Deny	Signature	Date
Department Representative (Chair or Designee)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
College Representative (Dean or Designee)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SAAO (for Gen Ed) (if required)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Comments: _____

Student – Please make a copy for your records