

Appeal to Repeat

University of Wisconsin Oshkosh
Registrar's Office – Dempsey 130

Office Use only

Date Received

Part I *Student completes this section*

Name		Student ID#	Email Address	
Address <small>Street City State Zip</small>			Telephone #	
Major	Subject	Catalog #	Class#	Section#
Title of Course		Term <input type="checkbox"/> Fall 20____ <input type="checkbox"/> Spring 20____ <input type="checkbox"/> Summer 20____		

Part II *Student completes this section*

List all previous grades earned for this class, the term(s) taken and school(s):

<u>Grade</u>	<u>Term</u>	<u>School</u>
_____	_____	_____
_____	_____	_____

Is this course required for your major? Yes No Minor? Yes No Degree? Yes No
(check all that apply)

I am appealing for an exception to the: grade of C or higher policy
(check all that apply) 2 or more attempts

Summarize the relevant extenuating circumstances that you feel might warrant an exception to the repeat policy (attach a more complete narrative if necessary).

Student Signature _____ Date _____

Must have Department Chair signature before returning to Dempsey 130 for processing.

Signature	Approve	Deny	Date
Department Chair _____	_____	_____	_____
College Designee _____	_____	_____	_____
<input type="checkbox"/> PG <input type="checkbox"/> PA <input type="checkbox"/> PAG			