

Notify when processed:

Student Initiator Both

# APPEAL TO MODIFY UNDERGRADUATE CURRICULUM

UNIVERSITY OF WISCONSIN OSHKOSH

Name: _____ Last First M	Date Submitted: _____
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>USP/General Education</p> <p>Degree Requirement</p> <p>Major</p> <p>Minor</p> <p>Emphasis</p> <p>Certificate</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	
SAAO (USP/Gen Ed):		PRINT		
	SIGN	DATE		

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

\_\_\_\_\_

**\*\*\*Please Email Form to [currmods@uwosh.edu](mailto:currmods@uwosh.edu)\*\*\***

**Please allow approximately 10 business day after approval 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: [gradexaminer@uwosh.edu](mailto:gradexaminer@uwosh.edu)  
For Academic Advisement Report (AAR) issues or questions  
please email: [staron-line@uwosh.edu](mailto:staron-line@uwosh.edu)