
Appeal to Waive Excess Credit Policy Fees



Directions: Please complete form and attach a copy of your most recent STAR, your unofficial transcript and an academic plan for completing your degree. Your appeal will not be considered without these materials!

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:

**RETURN COMPLETED FORM TO THE REGISTRATION FRONT DESK, DEMPSEY 130 OR
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