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# Appeal to Waive Excess Credit Policy Fees

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**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 (\_\_\_\_) \_\_\_\_\_

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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: Registrar's Office, Dempsey 130, or Email: Registrar@uwosh.edu, or Mail: Office of the Registrar, University of Wisconsin Oshkosh, Dempsey 130, 800 Algoma Blvd, WI 54901**

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### (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