

**UW-WAUKESHA APPEAL
READMISSION FOR FALL 2015 AFTER SUSPENSION FROM UW-WAUKESHA**

Instructions

1. Complete Part I and Part II below. If you have any questions please contact Debbie Tweed in the Enrollment Services Office at 262-521-5465 or via email at deborah.tweed@uwc.edu.
2. Sign the appeal form.
3. Return completed form and student statement to the UW-Waukesha Enrollment Services Office.

By fax to 262-521-5530

By email to deborah.tweed@uwc.edu

By US mail to:

Debbie Tweed

UW-Waukesha Enrollment Services Office

1500 N. University Dr.

Waukesha, WI 53188

4. **Deadline to submit the appeal is June 24th. You will be notified of the results via your campus email address by the end of business on June 26th.**

Part I - Student Information (complete this section)

Name _____

Student ID # _____

Address _____

Phone _____

City _____ State _____ Zip _____

Academic Advisor _____

Number of hours you work per week _____

Part II - Student Statement (Attach a concise written statement – limit to one page.) The information provided in your appeal and the information in your UW Colleges academic records will be reviewed confidentially. The information provided in your statement will be used to decide whether your appeal will be approved or not. Address the following:

1. Explain the problem(s) that led to your academic difficulty. Use specifics to explain your circumstances and why you think the UW Colleges' academic policies or deadlines should be waived in your case. Examples of information to include:
 - Extenuating circumstances that were beyond your control. If health matters are involved, provide medical documentation. If the problem was a result of personal matters or events, please provide specifics, relevant dates, death notices, etc.
 - If the circumstances involve a course, you should obtain written statements from your instructor regarding your performance.
 - Written support from faculty, advisors, or other staff who know you and the circumstances is often useful, but not required. If information from other sources or individuals is needed to support your appeal, it is your responsibility to provide it.
2. Explain what is different now. What has changed so that the same academic problems will not occur again? What is your concrete plan for future academic success?

Student Signature _____

Date _____

ACADEMIC ACTIONS APPEAL DOCUMENTATION

Circumstance		Documentation Examples
Work Related	Required overtime, required schedule change	<ul style="list-style-type: none"> Letter from employer including effective dates(s) and whether the increase in hours was mandatory
	Reduced hours resulting in increased childcare need, layoff, job loss	<ul style="list-style-type: none"> Letter from employer Separation letter
Medical Condition	Serious Illness or change in health status	<ul style="list-style-type: none"> Letter stating doctor advised period of home rest Record of doctor visits
	Surgery/Hospitalization	<ul style="list-style-type: none"> Letter stating doctor advised period of recovery Record of doctor visits Hospitalization records Copies of medical bills documenting illness/injury
	Mental Health Issue	<ul style="list-style-type: none"> Letter from doctor, therapist or counselor
	Dental emergency	<ul style="list-style-type: none"> Record of dental visits Letter from dentist Letter stating dentist advised period of recovery
Student's Children	Child's Medical Condition	<ul style="list-style-type: none"> Records from daycare/school that child was required to be kept home (Include in appeal the reasons that alternative care was not available and what the plan is if this should occur in future.) Records from doctor visits Letter stating doctor advised period of recovery Hospitalization records
	Daycare Issue	<ul style="list-style-type: none"> Letter from former daycare provider Letter from new daycare provider
Additional Circumstances	Death of a loved one	<ul style="list-style-type: none"> Obituary Funeral program Letter from counselor Documentation should include date and indicate relationship to the deceased
	Eviction	<ul style="list-style-type: none"> Eviction notice Letter from transitional housing program
	Assault/Domestic Violence	<ul style="list-style-type: none"> Police report Court documentation Letter from clergy, social worker, counselor, doctor
	Incarceration	<ul style="list-style-type: none"> Court documentation
	Transportation loss	<ul style="list-style-type: none"> Auto repair documentation

Please provide any additional documentation that supports your appeal.

Note: Letters from medical professionals should also state whether the problem has been resolved and give a professional opinion regarding student's ability to return to school.

Office Use Only

High School Information Grad Date _____ Rank _____ ACT _____

Previous UW-Waukesha Academic Appeals Date _____ Approved _____ Denied _____

Academic Actions Committee Decision: Approval _____ Denial _____

Remarks or conditions:

Chair's Signature _____ Date _____