Enrollment Appeal Request to Withdraw After the Deadline – No "W" Grade



5602 Research Park Blvd, Suite 300 - Madison, WI 53719

egal Name		Student ID Number	
Iniversity Email Address:		Phone Number	
egree Program Pursuing:		ASC Name:	
elect Campus and provide Campus ID a	nd last enrolled Subscription	Period (check multiple campuses if you a	re dually enrolled)
Campus ID		Last Enrolled Subscription Period (mo/y	ır)
UW-Milwaukee			_
UW-Parkside			_
UW-Colleges			
		vill need to attach official documentation	
		t, should it be approved. I am aware of th	
academic implications of this request i	-	o understand that any fees or tuition costs	s need to be paid t
prior to enrolling in future competency	y sets.		
prior to enrolling in future competency	y sets.		
Student Signature (electronic signatures n		 Today's Da	ite
	ot accepted)	Today's Da	

 Request Approved/Denied:

 Date:
