Enrollment Appeal *Request to Withdraw After the Deadline*



780 Regent Street, Madison, WI 53715

If you would like to request an appeal to withdraw from a course after the deadline has passed, please complete this form and return it to the Registrar's Office at oel-registrar@uwex.edu. You will be responsible for any fees associated with the withdrawal of the course(s). You will also be asked to supply a reason, with documentation, as to why you were unable to drop the course during the specified time frame. Visit https://flex.wisconsin.edu/academic-calendar to view the dates and deadlines for withdrawals.

egal Name		5	Student ID Number	
Jniversity Email Address:			Phone Number	
Degree Program Pursuing:		ASC Name:		
select Campus and provide Campu	ıs ID and last enrolled Sub	scription Period (check mult	tiple campuses if you are dually enrolled)	
Campus ID		Last Enrolled Subscription Period (mo/yr)		
UW-Milwaukee				
UW-Parkside				
I wish to drop my course	(s) from the		Subscription Period.	
Please drop all of the course	es for the subscription peri	od		
Please drop only the followi	ing course(s) for the subsc	ription period:		
The reason I am withdrawing is: (List course(s) here	
academic implications of this req	juest to my academic reco	rd. I understand that a trar	oved. I am aware of the potential financial 8 nscript notation of "W" will appear for the e paid for prior to enrolling in future courses	
Student Signature (electronic signa	atures not accepted)		Today's Date	
This section is for office use only:	•			
Received by:				
Request Approved/Denied:		Processed by:	Date:	