



Request to Appeal Charges or Grades due to Enrollment

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Student ID Number (CWID): _____

Email Address: _____

Request Information

What are you requesting?

Term/Semester: _____
(Example: Fall of 2010, Spring of 2011, etc)

Select One

- | | |
|--|---|
| <input type="checkbox"/> Requesting grades be changed to "W" | <input type="checkbox"/> Requesting full refund |
| <input type="checkbox"/> Requesting grades be removed entirely | <input type="checkbox"/> Requesting full refund and removal of grades |
| | <input type="checkbox"/> Other |

Documentation helps the committee to better understand your situation. Do you have documentation to include? PLEASE ATTACH.

- Yes No

Did you ever attend the course(s)?

- Yes No

NOTE: It is highly recommended that you keep a copy of everything you submit for your records.

By signing this document, I am certifying that everything I have stated is true. In addition, the documentation included is accurate to the best of my knowledge. Should the committee find anything provided in support of my appeal to be inaccurate, I understand that my appeal will be denied.

Signature of Student

Date

FOR OFFICE USE ONLY

Comments : _____
