

Check List for Appeals:

Before submitting your petition, please check all required information below that pertains to your request under the "Student Use" box.

	Student Check off	DBE Use
Indicate the exact 300/400 level course(s) that you are requesting to take in your petition (example: BUS 380-Principles of Management)	<input type="checkbox"/>	<input type="checkbox"/>
*You have stated in your petition the reason(s) why an exception to DBE policy is warranted.	<input type="checkbox"/>	<input type="checkbox"/>
The instructor of the course has signed the petition.	<input type="checkbox"/>	<input type="checkbox"/>
*Your advisor has signed the petition.	<input type="checkbox"/>	<input type="checkbox"/>
*You have attached your degree progress report.	<input type="checkbox"/>	<input type="checkbox"/>
*You have attached your graduation plan approved by your advisor.	<input type="checkbox"/>	<input type="checkbox"/>

*Required for all requests.

Include this checklist with your petition.

**DEPARTMENT OF BUSINESS AND ECONOMICS
PETITION TO THE APPEALS COMMITTEE**

NAME _____ SID # _____

MAILING ADDRESS _____ MAJOR(S) _____

_____ MINOR(S) _____

TELEPHONE _____ Credits earned to date _____
(Not including current term)

Term first attended UW-S _____ GPA last term _____
(If this is your first term at UW-S, so indicate.)

Catalog you are following _____ Cumulative GPA at UW-S _____

If catalog is other than that of year of entry, explain why.

You may use a word processing package to provide the information to #1 and #2 and attach it to this form.

Note: If you are requesting admission to (an) upper division course(s), you must include a copy of your graduation plan approved by your advisor.

1. Clearly state the exception to department policy that you are requesting. _____

2. Clearly state the reason(s) that you believe justify(ies) your request. _____

STUDENT'S SIGNATURE _____ **DATE** _____

Advisor's comments (optional) _____

Advisor's signature _____

Appropriate instructor comments _____

Appropriate instructor signature _____

Action of the Appeals Committee: Approved _____ Date _____ Cond. Approved _____ Date _____ Denied _____ Date _____

REMARKS/CONDITIONS _____
