



Human Services Leadership
Program Appeal Form

Appeals will be considered on a case-by-case basis at the next Human Services Leadership Program meeting. You will be notified in advance if additional information is required. Students will be advised of the outcome of their appeal via email.

Date _____

Name _____ ID# _____

Address _____
Street City State Zip

Phone: Home (____) _____ Cell (____) _____ UWO E-mail _____

Program: HSL on-campus _____ HSL Online _____ HSL Collaborative _____ HSL-WR _____

Please provide a brief summary of your request/appeal. (Limited space provided.)

Please attach a WORD document, noting all relevant information: include the course number, a detailed description of the exception you would like made, and rationale for why your request should be considered and possibly granted. If you have any questions about filling out this form, please call the office at (920) 424-0881.

Please return this appeal form and documentation with your most recent STAR report via email to Carol Botz, Human Services Leadership Department, botz@uwosh.edu, with "HSL Program Appeal" clearly stated in the subject line. You may also return hard copy documents to the Human Services Leadership Department Office (N/E-604.)

OFFICE USE ONLY

Disposition of appeal: Date: _____ Approved: _____ Denied: _____ Signature: _____

Remarks: _____

Enrollment (if needed) Processed on: _____ (date), by: _____ (signature)