The Rosenstiel School of Marine and Atmospheric Science
Undergraduate Program

APPEAL FORM

Name: (please print): ______________________________________________________________________

Student Number: ___________________________ Telephone: ________________________________

Mailing Address: _______________________________________________________________________

Nature of Appeal (please check):

_____ Request for withdrawal from a course, after the official drop deadline.

_____ Request for waiver of the “last 45 credits in residence” requirement.

_____ Other (please describe): ____________________________________________________________

____________________________________________________________________________________

You will need to attach a statement (typed, if possible) describing your request in detail.
Please explain within your statement why you feel your request should be granted.

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Student’s Signature ___________________________________________________________________

Date: ________________________________________________________________________________

All appeals should be turned in to 210-A Ungar, or addressed to:
Faculty Committee on Academic Appeals - Attn: Dr. Marjorie Oleksiak, Assoc. Dean
University of Miami - Rosenstiel School of Marine and Atmospheric Science
Undergraduate Marine and Atmospheric Science Program
1365 Memorial Drive, 210 Ungar Building, Coral Gables, FL 33146-4250
305-284-2180 Telephone / 305-284-4911 Fax

Appeal status posted to ACE: By: ___________________________ Date: __________