



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.**

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 granted *Appeal denied* By: _____ Date: _____

Comments: _____

Appeal status posted to ACE: By: _____ Date: _____