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| Request for Increased Credit Load for Special Students | | | | | | | | | | |
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|  | | |  |  | | | | |  |  |
| Student Name | | |  | Student ID# | | | | |  | |
|  | | |  |  | | | | | | |
| Email | | |  | What semester(s) if any have you already appealed credit load? | | | | | | |
| () |  | () |  |
| Home Phone |  | Cell Phone |  |  |  | | |
|  | | |  |  | | | | | | |
| Cumulative Collegiate GPA | | |  | Semester/Year you are requesting an increased credit load | | | | | | |
|  | | |  |
| College or University Previously Attended | | |  |
|  | | |  |  | | | | | | |
| Reason for Requesting Increase in Credit Load: | | | | | | | | | | |
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| Proposed Course Schedule | | | | | | | | | | |
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|  | | | | | |  |  | | | |
| Course Name and Course Number | | | | | |  | Number of credits | | | |
|  | | | | | |  |  | | | |
| Course Name and Course Number | | | | | |  | Number of credits | | | |
|  | | | | | |  |  | | | |
| Course Name and Course Number | | | | | |  | Number of credits | | | |
|  | | | | | |  |  | | | |
| Course Name and Course Number | | | | | |  | Number of credits | | | |
|  | | | | | |  |  | | | |
| Course Name and Course Number | | | | | |  | Number of credits | | | |
|  | | | | | | | | | | |
| **I understand that as a Special Student I am not eligible to earn a degree at UW-Whitewater. I understand that at which time I decide to become degree-seeking, I must seek full admission to the University by submitting a completed application with admission fee and official high school and postsecondary transcripts. Attending the University as a Special Student is not a guarantee of admission to the University of Wisconsin-Whitewater as a degree-seeking student.** | | | | | | | | | | |
|  | | | | | |  |  | | | |
| Student Signature | | | | | |  | Date | | | |
|  | | | | | | | | | | |
| Submit completed form to: Troy Moldenhauer, Roseman Hall 2063, or by email to: [moldenht@uww.edu](mailto:moldenht@uww.edu). Please allow two weeks for processing.  Approved: \_\_\_ Yes \_\_\_ No  Registrar Notified: \_\_\_ Yes \_\_\_ No  Student Notified: \_\_\_ Yes \_\_\_ No  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  # of appeals previously approved: \_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | | |
| Director of Admissions Signature Date | | | | | | | | | | |