

## **Academic Appeal Recommendation Form**

## Instructions:

- 1. Students, Please fill out section 1.
- 2. This form is for a recommendation from your UW- Whitewater Academic Advisor, Faculty Advisor, Instructor, Mentor, etc and not a required document for the academic appeals process.
- 3. The requested person has the right to deny your request for a recommendation.
- 4. This form should be sent to acadstand@uww.edu from the person filling it out.

Student Information	and Academic Inforn		Date:		
Full Name:				ID#	
College of Major:					
	Arts & Communication:	Business & Ec	onomics:	Letters & Sciences:	
	Education & Profession	al Studies:	Integrated S	Studies:	
Major:	Minor:				
Recommender Info	rmation: (To be complet	ted by Adviso	r, Faculty, Inst	ructor, Mentor)	
Full Name:					
Phone:		Em	nail:		
1. Please describe you Mentor, etc.)	ur current relationship w	vith the stude	ent (ie: Acad	emic Advisor, Faculty A	.dvisor, Instructor

	Academic Standards Office
4. Would you support the decision to reinst	ate the student to the University of Wisconsin-Whitewater? Please Explain.
3. Please describe any services you sugges recommendations.	sted or support you provided to your student and their follow through on your
and any other relevant information.	the student including trequency, means by which you communicated,

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