

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 Information:			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	

4. Would you support the decision to reinstate the student to the University of Wisconsin-Whitewater? Please Ex	plain.
3. Please describe any services you suggested or support you provided to your student and their follow throug recommendations.	h on youi
2. Please describe your interactions with the student including trequency, means by which you communicate and any other relevant information.	·