

DUAL ENROLLMENT STUDENT APPEAL FORM

Students wishing to request a late drop from a class and/or a fee refund must submit an appeal demonstrating that extenuating circumstances beyond the student’s control were in effect during the term in question. Students wishing to drop or withdraw from one or more dual enrollment courses may still be obligated to pay the dual enrollment fee as previously acknowledged when the student and parent/guardian completed the application.

- Provide a written statement to support your request in the space provided (page 2)
- If you are appealing for medical reasons, you must attach documentation such as a doctor’s note.
- Submit completed form and attachments to:
 Office of General Education and Dual Enrollment
 Kayser Hall 233
 202 University Drive E
 Omaha, NE 68182-0796
unodualenroll@unomaha.edu

The Student Appeals Committee for dual enrollment courses will meet, at minimum, once per quarter to review appeals, though more frequent meetings may occur as necessary during the academic year. You will be notified in writing of the committee’s decision within seven business days of the meeting. If you have any questions about the process or this Student Appeal Form, please call the Office of General Education and Dual Enrollment at 402.554.3810.

Name:		NU ID:	
Email:		Phone:	
Address			
Choose ONE of the three options below			
UNO Course (Include all courses for which appeal is being made)	Request a Withdraw (Receive a “W” grade on transcript – no money refunded)	Request a late drop (Remove from transcript)	Other (Need explanation)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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I hereby certify the information provided is correct and true to the best of my knowledge.

Student Signature: _____ Date: _____

Detailed Reason for this request (attach pages if needed):

For office use only:

Date Received: _____

Previous Appeal? _____

Approved Denied Fee Refund Yes No

Comments:

Student Notified of Committee's decision	Email <input type="checkbox"/>	Mail <input type="checkbox"/>	Date: _____	Initials: _____
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