



## **APPEAL FORM**

nt Number:		Tele	phone:	
ng Address:				
Nature of Appeal (please	e check):			
Request for withdray	wal from a	course, after the of	ficial drop deadl	ine.
Request for waiver of	of the "last	45 credits in reside	nce" requiremen	t.
Other (please describ	pe):			
		\ • I	- ·	escribing your request in d r request should be grante
Studen	t's Signat	ure		Date
Faculty University of Miam Unde 1365 Memoria	Committeni - Rosens rgraduate al Drive, 2 305-284-2	Marine and Atmo 210 Ungar Buildin 2180 Telephone	Appeals - Ass arine, Atmosph ospheric Scienc ng, Coral Gable (305-284-4911	ociate Dean neric, and Earth Science e Program es, FL 33146-4250 Fax
				Date:
Comments:				