

The Academic Advising Program
Steele Building
Campus Box 3120
Phone (919) 966-5116
Fax (919) 843-4775

ACADEMIC APPEAL SIGNATURES

Last Name	First Name	PID
Course drop(s)/Term(s) [e.g.,	DRAM 116, Fall 2015]:	
Retroactive Semester Withdo	rawal(s) [e.g., Fall 2015]:	
Student: Please secure the a	ppropriate signature(s) pertaining to y	our situation.
	International Students in I	F-1 or J-1 status
semester. International stu	dents must consult with International	ntain fulltime enrollment each fall and spring Student and Scholar Services (ISSS) regarding the Iwal may have (even retroactively) on their
	oresentative verifies that the student he ster withdrawal to their visa status.	nas been advised about the implications of a drop of a
ISSS Signature and Title		Date
_	•	Veterans' Benefits Undergraduate Registrar verifies that the student has rses) or semester withdrawal to their veteran's
Registrar's Office Signature	and Title	 Date
If you are appealing for a chewithdrawal for a previous some of a represen	nange to your current semester's sche emester, your scholarship or financial tative of the UNC Office of Scholarshi es that the student has been advised a	dule or a retroactive drop of a course (or courses) or aid may be impacted now and in future terms. as and Student Aid (OSSA) or the office/department about the implications of a drop of a course (or
Signature, Title, Office	······	Date

Last Name	First Name	PID			
Course drop(s)/Term(s) [e.g., DF	AM 116, Fall 2015]:				
Retroactive Semester Withdrawal(s) [e.g., Fall 2015]:					
Student: Please secure the appr	opriate signature(s) pertaining to	o your situation.			
· · · · · · · · · · · · · · · · · · ·		ored Student Health Insurance Planted			
The signature of a representative from Campus Health Services (CHS) verifies that the student has been advised about the implications of dropping below six (6) credits as it relates to their eligibility for student health insurance.					
Campus Health Services Signat	ure and Title	Date			
Students Currently Active on a Varsity Athletics Team at the Time of Requested Action					
If you are an athlete currently active on a varsity athletic team or were active on a varsity athletic team in the					
semester in which you are required counselor.	uesting an academic accommoda	ation, you must discuss this appea	ll with your athletic		
The signature of your athletic of you to proceed with your appearance.		ort Program for Student-Athletes i	indicates approval for		
Athletic Counselor Signature		Date			