

12 14

College of	Student Name		UCID		
DESIGN					
ARCHITECTURE	Email		Phone		
ART	Address where notification				
ARI	Address where notification	snould be sent			
PLANNING	Student Signature			Date	
	TYPE OF APPEAL				
Please complete application and return to:		CCOMPANIED BY SIGNED ADD	/DROP SLIP)		
Office of Student Affairs	Course Number	Credit Hours		Level–Undergrad / Grad	
University of Cincinnati		○ Fall	Spring	○ Summer	
PO Box 210016	Academic Year		O Spring	O Summer	
Cincinnati OH 45221-0016	O LATE WITHDRAW (MU	ST BE ACCOMPANIED BY SIGNE	D ADD/DROP SI	.IP	
daap-admissions@uc.edu	Course Number	Credit Hours		Level-Undergrad / Grad	
513-556-1376	Course Number	Cledit Hours		Level-Officergrad / Grad	
	Academic Year		Spring	○ Summer	
	GRADE FORM IF APPR	OVED)	OLLOW UP WITH	FACULTY MEMBER FOR CHANGE	OF
	○ 1–4 years old	○ Change of grade to "w"			
	Course Number	Credit Hours		Level–Undergrad / Grad	
			Spring	○ Summer	
	Academic Year				
	Grade is recorded as	Correct Grade		_	
	REASON , as provided by the	e faculty member supporting peti	tion (continue on	back)	
	Faculty member supporting petition signature			Date	
1 <i>ā</i> r	FOR OFFICE USE ONLY ACTION TAKEN	ACTING BODY			
NIVERSITY OF	O Approved	DAAP Student Affairs			
Cincinnati	O Denied	O Committee		Date	