University of Wisconsin-La Crosse
College of Science and Health

Appealing Your Ineligible to Return Status

APPEAL LETTER FORMAT

Date

Student Name
Street Address
City, State Zip
Telephone Number
Email address@uwlax.edu

Subject: Request for Readmission to UW-La Crosse

Dear Dean's Appeal Committee:

Paragraph 1:
CONTENT of this section: please describe the following:
   a. What has contributed to your poor academic performance?

Paragraph 2:
CONTENT of this section: please describe the following:
   b. How will you improve your performance this coming semester?

Paragraph 3:
CONTENT of this section: please describe the following:
   c. What major/academic program do you intend to pursue?

Closing Paragraph

Respectfully,

Student Name
Student ID #