



APPEAL TO DROP A COURSE AFTER THE UNIVERSITY DEADLINE FORM

Notice – Requests to drop require documentation demonstrating extreme circumstances only.

Last Name _____ First _____ M.I. _____

ID # _____ E-mail _____

Address or MSC Box _____ Phone or extension _____

City, State, Zip: _____ Semester/Year of the late DROP appeal _____

Late DROP Appeal Process

A. Identify the course you are requesting to drop:

CRN # _____ Subject _____ Course # _____ Section _____ Credits _____

Course Title _____ Professor _____

B. On a separate typed page, please address the following issues:

- Issue #1: Identify reasons for this appeal to drop a course after the deadline. Provide medical documentation from provider when appeal is due to medical circumstances.
- Issue #2: Indicate when you last attended the course.
- Issue #3: Identify and explain any previous late course drops you have made in prior semesters.

C. Signatures required

1. Sign your name to your attached page and record the date.
2. Obtain the signature of your advisor regarding this appeal.

Advisor's Signature: _____ Date _____ / _____ / _____

3. Obtain the signature of the professor/chair approving this late course drop.

Professors' Signature: _____ Date _____ / _____ / _____

Physical Ed Dept Chair: _____ (Signature only required if dropping EDPE activity course.)

D. Submit your appeal documentation to the Dean of the school offering the course for which you are seeking the late appeal. The Dean's Office will forward your late withdraw appeal to the Registrar's Office.

Dean's Decision: Accept Deny

Dean's Signature: _____ Date _____ / _____ / _____

NO TUITION ADJUSTMENT IS ALLOWED.

A \$50 late fee will be assessed to your student account.

Registrar's Use Only

Date Processed: _____

Fee Assessment Decision/Initials: _____