



# Request To Late DROP A Course

(Please Print)

Student Name \_\_\_\_\_

UWP email address: \_\_\_\_\_

Student ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## SPRING 2010

A student may request permission to drop a course after the deadline only for extraordinary, non-academic reasons.

**Request must be submitted to the Registrar's Office/Student Records by the deadline for the class session. (See Important Semester Dates and Deadlines in course schedule for specific dates)**

The request must include a written explanation of the circumstances.

Requests denied or received after the deadline, may be reviewed by the Academic Actions Committee.

Students must contact the Advising Center to submit appeals to the Academic Actions Committee.

### Request to DROP the following course:

CLASS#: \_\_\_\_\_ Department: \_\_\_\_\_ Course#: \_\_\_\_\_ Sec: \_\_\_\_\_

Discussion: \_\_\_\_\_ Lab: \_\_\_\_\_

Class Title: \_\_\_\_\_

Instructor: \_\_\_\_\_

Reason for late request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I will receive a transcript notation of "W" for this class. I agree to pay the appropriate drop fee. There will be no tuition refund or reduction of financial obligation to the University based on processing of this request

I further understand that processing this request may produce a balance owed and it is my responsibility to contact the Cashier's Office and determine what charge, if any, has been added to my account. I realize that a hold will be placed on my student record unless the balance is paid as soon as possible to the Cashier's Office. This fee charge is subject to a monthly interest charge of 1%

**NOTE: Form will NOT be processed if any registration hold exists on the student's record.  
It is the student's responsibility to resolve their holds & notify the Student Records Office.**

It is the student's responsibility to ensure the accuracy of their schedule.

Notification of enrollment status is done through UW-Parkside email.

Check your schedule before the deadline to determine if the request has been processed.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\* SIGNATURES MUST BE OBTAINED IN THIS ORDER \*\*\*\*\*

Signature #1 – INSTRUCTOR

\_\_\_\_\_ *Approved* \_\_\_\_\_ *Denied*

Date: \_\_\_\_\_

\* Signature #2 – DEPARTMENT CHAIR

\_\_\_\_\_ *Approved* \_\_\_\_\_ *Denied*

Date: \_\_\_\_\_

\* Signature #3 – ACADEMIC DEAN

\_\_\_\_\_ *Approved* \_\_\_\_\_ *Denied*

Date: \_\_\_\_\_

Once ALL signatures are obtained, return form to Registrar's Office/Student Records – Wyllie Hall, Room D189.

FOR OFFICE USE: Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_

\* Department Chair and Academic Dean information on reverse side.

(Rev: 4/09 spl)