

LATE DROP APPEAL

NAME:		PEOPLESOFT #:	
COURSE TO E	BE DROPPED:		
Are you:	a full-time student	a part-time student	
If full-time, will	you still have a minimum of 12 cre	edits on your schedule without this course? Y N	
_		mited extended drop period will be granted to students n, as long as they remain full-time.	
If you are or wi		e, please provide an explanation below for why this late	
circumstances extended drop	in order to receive permission to deadline, please provide a full ex	ents must demonstrate emergency or exceptional drop a course. If you are submitting this request after the planation for why you should be allowed to drop this class an emergency or exceptional circumstance.	
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Please check	one of the following:		
*I have <u>r</u>	not spoken with my academic advi	isor regarding this late drop request.	
*It is highly rec	ommended that you discuss this f	urther with your academic advisor.	
I have s	poken with my academic advisor	regarding this late drop request.	
**Please note t	that dropped courses may affect g	raduation eligibility.	
Student Signat	ture	Today's Date	
Assistant Dear	n Signature	 Today's Date	
Approve	d Not Approved F	Reason:	