

**SCHOOL OF FINE ARTS
 PETITION TO DROP A COURSE AFTER THE NINTH WEEK**

Name _____ PeopleSoft # _____ Date _____

Telephone Number _____ Email Address _____

Course/Number/Section of class you wish to drop: _____/_____/_____

NOTE: Permission to drop a course is granted for extenuating circumstances beyond the student’s control. Exceptions are not made for poor academic performance.

Reason for Request: _____

Attach appropriate documentation (i.e. note from MD or Nurse Practitioner, etc.)

Student Signature: _____ Date: _____

Instructor: _____ **Assessment of Student’s Work**
 (Without your input this drop will not be considered, please fill out the next section and include written comments)

Attendance: ____Never ____Intermittent ____Always In Class Coursework completed: ____Yes ____No

Is student passing ____ failing ____ (explain)

What is your interpretation of the reason for this drop?

Was this student advised after mid-term exam period to drop this course? ____Yes ____No

 Instructor

 Date

Advisor: _____

Comments: _____

 Advisor

 Date

CPIA Counselor Signature (if necessary): _____ Date: _____

Disposition: **APPROVED** **DENIED**

 Director of Advising, School of Fine Arts

 Date