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