

University of Oklahoma Associate Provost for Academic Advising Oversight 308 Cate Center Drive, Cate Building 1, Room 418 Norman, Oklahoma 73019 (405) 325-1596

Request to APP	PEAL FIVE (5) W's LIMIT
Please print clearly:	
Full name:	Sooner ID#
Address:	Major:
City:	State: Zip Code:
Phone #s:	
E-mail:	
May we contact you via e-mail about your petition?	Yes No
You wish to reduce your academic load You aren't doing as well as you would like in the converse your work schedule has changed thus causing you aren't doing as well as you would like in the converse your work schedule has changed thus causing you aren't you changed your major and no longer need the converse your did not know there was a limit on drops. If you believe your case is exceptional, please follow these in this request should be granted? What were the circum are the circum area your advisor of the completed drop slip signed by your advisor which a completed drop slip signed by your advisor area with this cover sheet, explanatory page, and sup Room 418 or email to wbush@ou.edu	a academic performance problems ourse to fulfill requirements instructions: request and send it with your appeal request. Specifically, why do you think cumstances that lead to this request? Be specific, concise, and clear. our request to your petition, e.g., medical documentation.
career at the University of Oklahoma. Please know:	
 Any Ws on a transcript for other institutions of the complete withdrawals do not count against the count ag	he limit v.ou.edu/advising
YOU MUST CONTINUE TO ATTEND THE CLA	ASS IN THE EVENT YOUR PETITION IS NOT APPROVED!
Student's Signature	Data

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	Action:	Approved	Denied	
Cinn at			Datas	
Signature:			Date:	