



UNIVERSITY OF OKLAHOMA

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

Request to APPEAL FIVE (5) DROP LIMIT

Please print clearly.

Full Name: _____ Sooner ID#: _____
Address: _____ Major: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____
E-mail: _____
May we contact you by e-mail about your petition? ☐ Yes ☐ No

Exceptions are granted only in extenuating circumstances such as serious or prolonged illness, and you must provide documentation to substantiate your request. Reasons to request an exception that are NOT acceptable include:

- You wish to reduce your academic load
- You are as you would like in the course
- Your work schedule has changed not performing
- You changed your major and no longer need the course to fulfill requirements
- You did not know there was a limit on drops

If you believe your case is exceptional, please follow these instructions:

- On a separate piece of paper (explanatory page) explain and justify your request. Specifically, why do you think this request should be granted? What were the circumstances that led to this request? Be specific, concise, and clear.
- Attach the applicable documentation supporting your request to your petition, e.g., medical documentation.
- Return this cover sheet, explanatory page, and supporting documentation to the Academic Advising Resource Center, Cate 1, Room 418, or email to mnabonne@ou.edu

The drop policy limits students to five (5) drops with the grade of W during the student's undergraduate career at the University of Oklahoma.:

- Dropping a class with a W prior to fall 2011 does not count against the student's five-drop limit
- Any Ws on a transcript from other institutions do not count against the limit
- Complete withdrawals do not count against the limit

You may access The 5 Drop Limit policy at <http://www.ou.edu/advising>

YOU MUST CONTINUE TO ATTEND THE CLASS IN THE EVENT YOUR PETITION IS NOT APPROVED.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY
(Do not write in this section.)

Input # _____

Action _____ Approved _____ Denied _____

Signature: _____ Date: _____