



COLLEGE OF ATMOSPHERIC AND GEOGRAPHIC SCIENCES

National Weather Center
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Norman, Oklahoma 73072
(405) 325-9035
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PETITION TO RETROACTIVELY WITHDRAW FROM COURSE(S)

Please print clearly.

Full Name: Sooner ID#:
Address: Major:
Phone #: Classification:
e-mail: Expected Date of Graduation:

May we contact you by e-mail about your petition? Yes No

Use this form to withdraw from course(s) from a previous term. Please fill out this form completely according to the following steps:

- 1. On a separate page, print or type an explanation and justification of your request.
2. Include your name and ID# on the separate page and on any supporting documentation.
3. On the back of this form, indicate the course(s) and term and have your instructor(s) verify that you completed the course(s) you wish to drop.

Please allow me to withdraw from the following course(s) for the semester (list the name and number for each course):

Student's Signature: Date:

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

Input #

Action by the College advisor: Signature: Approved Denied
Date:

Comments:

## Instructor's Verification for Retroactive Withdrawal

Student's Name: \_\_\_\_\_

Sooner ID#: \_\_\_\_\_

To instructor(s):

This student is requesting that she/he/they be **withdrawn from your class retroactively**. Your signature below will verify that the student completed the course(s) and you are giving the student a withdrawal "W". (The first line shows an example.) The student's request will not be approved without your verification, but your willingness to allow the requested action does not necessarily mean I will grant the request. I will make that decision on the merits of the student's circumstances.

If you have any questions, please email Brittney Johnson, College advisor, at [bjohnson@ou.edu](mailto:bjohnson@ou.edu)

<b>Dept/Course#-sec#</b>	<b>term</b>	<b>Instructor's name (printed)</b>	<b>(signature)</b>	<b>date</b>
ENGL 1113-015	Sp20	John Smith	<i>John Smith</i>	06/01/20

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