



PETITION TO RETROACTIVELY ADD COURSE(S)

Please print clearly

Full Name: _____ Sooner ID#: _____
 Address: _____ Major: _____
 City/State/Zip: _____ Classification: _____
 Phone #: _____ Expected Date of Graduation: _____
 E-mail: _____

Use this form to **ADD** a course **FROM A PREVIOUS TERM**. For a request to change your enrollment for the **current term**, ask for the appropriate form. To petition the College to add this class retroactively, you **must also get written permission from the instructor**.

Fill out the top of this form and the student section below. On a separate sheet, write an explanatory page to justify your request to add this course retroactively. Be clear and concise. Why should the college grant your request; what prevented you from accomplishing this before now; what circumstances led to your request? You may also provide any supporting documentation (optional.) Have your Instructor fill out the Instructor section below. Written permission can be **instructor signature below OR in the form of a copy of an email to the student's OU email address, that includes student name, course information, that student has successfully completed the class and earned a grade, and an affirmative statement to join the class.**

STUDENT TO COMPLETE THIS SECTION:

Please allow me to **ADD** the following course(s) for the (*circle one*) - **spring, summer, fall** semester and year: _____

1) Course #: _____ Section: _____ #Hrs: _____ 2) Course #: _____ Section: _____ # Hrs: _____

Student's Signature: _____ Date: _____

TOTAL HOURS ENROLLED WITH THIS CHANGE: Before: _____ After: _____

TO BE COMPLETED BY INSTRUCTOR:

Instructor, by signing below, you are giving this student permission to enroll in the above-named course retroactively and agree that they have completed the work and earned a grade. If this request is granted, the Office of Academic Records will contact you for that grade. The students request will not be approved without your verification, but your willingness to allow the requested action does not necessarily mean we will grant the request. The College will make that decision on the merits of the student's circumstances.

1) Instructors Signature: _____ Date: _____

Print Name: _____ Course #: _____

2) Instructors Signature: _____ Date: _____

Print Name: _____ Course #: _____

Return this completed form, with instructor signature (or copy of email permission), your explanatory page and supporting documentation (optional), to the Dodge Family College of Arts and Sciences' Student Success and Advising Center (Physical Sciences Center, Room 240) or email to casforms@ou.edu. All documents must be submitted at the same time or your petition may not be accepted for consideration.

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

Action by the College: _____ Approved _____ Denied _____
 Signature: _____ Date: _____
 Comments: _____