



**PETITION TO RETROACTIVELY WITHDRAW (DROP) A COURSE(S)**

*Please print clearly.*

Full Name: \_\_\_\_\_ Sooner ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Major: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Classification: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_  
 Email: \_\_\_\_\_

Use this form to **WITHDRAW** from a course from a previous term. Read the instructions carefully. ***Incomplete petitions are likely to be denied.*** Reasons to retroactively drop that are NOT acceptable include: you did not perform as well as you thought you did; you changed your major/minor and no longer need the course to fulfill requirements; you forgot to withdraw before the published deadline.

Fill out the top section and the student section below. On separate paper, write an explanatory page to justify your request to drop this course after the published deadline. (Why should the college grant your request? what circumstances led to your request? what prevented you from accomplishing this before the deadline?) and attach supporting documentation (i.e. doctor's note, obituary, etc.)

Before you can petition the college to retroactively withdraw you from this course, ***you must get written permission from the instructor.*** Have the Instructor fill out and sign the Instructor section below. Written permission can also be ***in the form of an email that includes student name, course information, and an affirmative statement to drop the class and a grade of W or F.***

**STUDENT TO COMPLETE THIS SECTION:**

Please allow me to **WITHDRAW** from the following course for the ***(circle one) - spring, summer, fall semester and year:*** \_\_\_\_\_

1) Course #: \_\_\_\_\_ Section #: \_\_\_\_\_ #Hrs: \_\_\_\_\_ 2) Course #: \_\_\_\_\_ Section #: \_\_\_\_\_ # Hrs: \_\_\_\_\_

\_\_\_\_\_ I never attended the above course \_\_\_\_\_ I last attended the above course on (date): \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY INSTRUCTOR:**

Instructor, by signing below, you are giving this student permission to **WITHDRAW** from the above-named course retroactively with a grade of W or F. We will not alter a students grade without your approval and 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 students circumstances.

Instructors Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: **(circle one) W or F**

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: **(circle one) W or F**

Print Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

***Submit this form with the Instructors signature (or copy of email) , your explanatory page and supporting documents 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. Incomplete petitions will not be submitted for review. All documents must be submitted at the same time or you r 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: