



**PETITION TO ADD A COURSE AFTER THE DEADLINE**

*Please print clearly*

**Full Name:** \_\_\_\_\_ **Sooner ID#:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Classification:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Expected Date of Graduation:** \_\_\_\_\_

**Email:** \_\_\_\_\_

The University of Oklahoma has published deadlines for adding courses to your enrollment. To add a course after the deadline, you must have extenuating circumstances or an exceptional reason. Additionally, **you must have written permission from the Instructor(s).** If you believe your case is exceptional or feel you meet these criteria, you may file this special request petition to add a course after the published deadline (not knowing about the deadline is **not** a sufficient reason to request a late enrollment.)

Fill out the top of this form and the student section below. On a separate page, **write an explanatory page to justify your request** to add this course after the published deadline. Be clear and concise. (Why do you think this request should be granted; what circumstances led to this request?) You may also provide supporting documentation. **Have your Instructor fill out the Instructor section below OR permission may be in the form of an email from your instructor to your OU email account containing the course information and explicit permission to add the class. A copy of the email must accompany this paperwork.**

**TO BE COMPLETED BY STUDENT**

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

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TOTAL HOURS ENROLLED WITH THIS CHANGE: Before: \_\_\_\_\_ After: \_\_\_\_\_**

**TO BE COMPLETED BY INSTRUCTOR(S)**

This student is requesting to **ADD** the above-named course(s) after the published deadline. Your signature below will be your express consent to grant this students request.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Course #: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Course #: \_\_\_\_\_

***Submit this form, with the Instructors signature (or copy of email), your explanatory page and any supporting documentation to your assigned academic advisor. All documentation must be submitted at the same time.***

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

Action by the College: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: