



# OFFICE OF THE REGISTRAR

*The UNIVERSITY of OKLAHOMA*

## PETITION FOR REDUCTION IN TUITION & FEES FOR DROPPED COURSE(S)

This form is to be used for requesting a reduction in tuition and fees for a dropped course or courses. If you are an undergraduate and requesting a reduction in tuition and fees following a complete withdrawal, **DO NOT** complete this form – contact your advisor to initiate the College’s process.

Petitions are carefully considered and granted only for circumstances outside the student’s control. Reasons to request a reduction of tuition and fees that are **NOT** acceptable include:

- The student did not perform as well as they wanted
- The student changed their major or minor and no longer needs to the course to fulfill requirements
- The student wished to reduce their workload
- The student’s work schedule changed
- The student failed to withdraw before the deadline published in the [Academic Calendar](#)
- The student did not know there was a deadline
- The student was dissatisfied with the course content or the instructor

Return the completed, signed form to [enroll@ou.edu](mailto:enroll@ou.edu) with the required documentation.

### STUDENT INFORMATION

Full Name: \_\_\_\_\_ OU ID Number: \_\_\_\_\_

College: \_\_\_\_\_ Classification: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Attach the following required documentation:

1. Explanation and justification for the request
2. Supporting documentation

**PETITIONS SUBMITTED WITHOUT EXPLANATIONS AND SUPPORTING DOCUMENTATION WILL BE DENIED.**

### COURSE INFORMATION

Term of Course(s): \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_

List of Course(s): \_\_\_\_\_

## STUDENT SIGNATURE

I understand that I must submit this form with the required explanation and justification for the request, supporting documentation, and instructor verification or it will not be considered.

\_\_\_\_\_  
Student Full Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## INSTRUCTOR VERIFICATION

Instructor(s): please verify the student's last date of attendance in your course. If you have any questions, please contact the Office of the Registrar at 405-325-4147.

### **Course 1**

Course: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_ Instructor Email: \_\_\_\_\_

\_\_\_\_\_  
Instructor Printed Name

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

### **Course 2**

Course: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_ Instructor Email: \_\_\_\_\_

\_\_\_\_\_  
Instructor Printed Name

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

### **Course 3**

Course: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_ Instructor Email: \_\_\_\_\_

\_\_\_\_\_  
Instructor Printed Name

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

### **Course 4**

Course: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_ Instructor Email: \_\_\_\_\_

\_\_\_\_\_  
Instructor Printed Name

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

### **Course 5**

Course: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_ Instructor Email: \_\_\_\_\_

\_\_\_\_\_  
Instructor Printed Name

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date