

RETROACTIVE LATE DROP PETITION

CLAS Academic Services Center
University of Connecticut
423 Whitney Road, U-1126
Storrs, CT 06269-1126
Phone: 486-2822 Fax: 860-486-8304

Catalog rule:

"The dean only grants permission to drop a course after the ninth week for extenuating circumstances beyond the student's control. Exceptions are not made for the student's poor academic performance."

Before submitting a petition, you must complete the following checklist:

Check off items below. Petitions will not be accepted until all items have been completed.

- I have obtained the instructor's signature on the petition.
- I have obtained my Academic Advisor's signature. (Athletes obtain a CPIA Counselor's signature.)
- I have enclosed a personal statement detailing my reasons for requesting a late drop and have attached it to the petition. The petition answers the following questions:
 - Why I missed the nine week deadline.
 - Why I want to drop the course.
- What extenuating circumstances exist that I feel warrant an exemption from the deadline.
- I have specified the dates in which the extenuating circumstances occurred.
- I have attached supporting documentation for events and dates. I understand that my petition will not be accepted without providing documentation.
- I have noted the catalog rule above, and understand that poor academic performance is not a reason for an exception.

Student: _____ / _____ / _____
Name Major Sem. standing

Current Address: _____ **Phone:** _____

Email Address: _____

PeopleSoft #: _____

Once complete, deliver the checklist, signatures, personal statement, and supporting documentation to the CLAS Academic Services Center, 423 Whitney Road, Unit 1126.

The CLAS Academic Services Center will contact you via email when the Retroactive Late Drop Committee has made a decision on your petition.

INSTRUCTOR INFORMATION

Please have instructor for each course which you wish to drop fill out the sections below.

Course 1: _____

Instructor: The CLAS Drop Committee requires your signature to be sure you are aware of the student's request. Your input and written comments are important in putting together a total picture on which to base the drop decision and are greatly appreciated. In addition, your consent is required before a retroactive late drop request can be granted. Please indicate here, or by email – clasasc@uconn.edu – if you give consent for this student to retroactively withdraw from your course.

Student's attendance pattern: Good _____ Fair _____ Poor _____ Don't know _____
Has student taken the final? Yes _____ No _____

Additional information for the committee (if you have information about this student which you wish to share with the committee via email, please email the committee at clasasc@uconn.edu):

Name: _____ Signature: _____ Date: _____

Course 2: _____ (if applicable)

Instructor: The CLAS Drop Committee requires your signature to be sure you are aware of the student's request. Your input and written comments are important in putting together a total picture on which to base the drop decision and are greatly appreciated. In addition, your consent is required before a retroactive late drop request can be granted. Please indicate here, or by email – clasasc@uconn.edu – if you give consent for this student to retroactively withdraw from your course.

Student's attendance pattern: Good _____ Fair _____ Poor _____ Don't know _____
Has student taken the final? Yes _____ No _____

Additional information for the committee (if you have information about this student which you wish to share with the committee via email, please email the committee at clasasc@uconn.edu):

Name _____ Signature _____ Date _____

Course 3: _____ (if applicable)

Instructor: The CLAS Drop Committee requires your signature to be sure you are aware of the student's request. Your input and written comments are important in putting together a total picture on which to base the drop decision and are greatly appreciated. In addition, your consent is required before a retroactive late drop request can be granted. Please indicate here, or by email – clasasc@uconn.edu – if you give consent for this student to retroactively withdraw from your course.

Student's attendance pattern: Good _____ Fair _____ Poor _____ Don't know _____

Has student taken the final? Yes _____ No _____

Additional information for the committee (if you have information about this student which you wish to share with the committee via email, please email the committee at clasasc@uconn.edu):

Name _____ Signature _____ Date _____

Course 4: _____ (if applicable)

Instructor: The CLAS Drop Committee requires your signature to be sure you are aware of the student's request. Your input and written comments are important in putting together a total picture on which to base the drop decision and are greatly appreciated. In addition, your consent is required before a retroactive late drop request can be granted. Please indicate here, or by email – clasasc@uconn.edu – if you give consent for this student to retroactively withdraw from your course.

Student's attendance pattern: Good _____ Fair _____ Poor _____ Don't know _____

Has student taken the final? Yes _____ No _____

Additional information for the committee (if you have information about this student which you wish to share with the committee via email, please email the committee at clasasc@uconn.edu):

Name _____ Signature _____ Date _____

DOCUMENTATION:

Documentation has been attached.

Attached documentation is from:

Note: Petition to Late Drop will not be accepted without documentation.