



Petition to Drop a Class after the Deadline

Definitions: **Semester** – any semester, including the 14-week summer semester; **Session** – any 7-week session

Policy Statement: Ohio University policy permits students to drop classes for any reason during the first two weeks of a 14-week semester and during the first week of a seven-week session. Further, policy permits students to withdraw from (drop) a class for any reason through the tenth week of the 14-week semester or the fifth week of the seven-week session. The policy prohibits dropping classes after the Friday of the tenth week of a 14-week semester or the last instructional day of the fifth week of a 7-week session. In the case of flexibly scheduled classes (classes that meet for fewer days than a semester or session), the deadlines are prorated. Deadlines to drop from classes are published in Course Offerings. Students may use this form to present, to their college/regional campus student services offices, a petition to drop a class after the deadline. Simply not doing well in a class is not considered sufficient reason for dropping a class after the deadline. Petitions will be approved only in extreme cases. (See the Ohio University Undergraduate Catalog section on Academic Policies and Procedures: Changing Your Class Schedule After Classes Begin or the Graduate Catalog Academic Policies and Procedures section: Registration Change Procedures.)

Instructions: The completed form should be submitted to your college/regional campus student services office. Until a decision is made regarding this petition, you should continue to attend and complete all required work for the class. Provided all information and documentation is complete, the petition will be reviewed and acted upon within five (5) working days of its submission.

Reasons for dropping: Medical Personal Administrative

Note: You must provide an appropriate written detailed explanation of your situation and appropriate verification of your reasons for needing to withdraw from a class using the space below or by attaching a separate sheet. This information should include a statement by physician and/or other supporting appropriate documentation. (Attach written documentation to this form upon submission.)

PRINT IN INK

Name _____ PID# _____ OHIO E-mail _____

Campus/Local Address _____ Phone Number _____

Class Information: Class Number _____ Course Subject _____ Course Number _____ Credit Hours _____

Instructor's Name _____ Semester & Academic Yr. _____ Campus _____

You will need to return to your college student services office to pick up the results of this petition.

Signature of Student _____ Date Submitted _____

For Office Use Only

Approved Not Approved

Effective Date of Withdrawal* Dean, College/Regional Campus Date Reviewed

Copy to Instructor on _____
Date

Comments: _____

*Instructor Note: You will be required to assign a grade of WP or WF for the above named student at the time final grades are assigned. The grade should be based upon coursework completed as of the effective date of this withdrawal indicated above.