

PETITION TO DROP A COURSE LATE

Please list **ALL** of the classes in which you are currently enrolled. **CHECK** the box next to the course(s) you are requesting to late drop.

DROP	CRN	COURSE	UNITS
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

How will this reduction in course load impact your minimum progress standing or planned graduation date?
(Explain):

DEAN'S OFFICE USE ONLY:

ACTION: **Approved** **Denied** **ENWS is appropriate**

PTD # _____

Expiration Date _____

PTD # _____

Expiration Date _____

PTD # _____

Expiration Date _____

PTD # _____

Expiration Date _____

ADVISING COMMENTS:

Adviser's Signature

Date

Student notified on _____ via EMAIL PHONE IN PERSON