

**Request to Drop a Course or Change Grade Option After The Deadline**

Name: _____		Student Number _____	
Phone Number : _____	E-Mail: _____	Major: _____	
Dept. and Course No.: _____	CRN: _____	Semester: _____	Drop _____ Change to A/F _____ P/F _____

The university establishes the drop deadline as 40% of the term. Requests to drop courses after the deadline will be approved only for students who are confronted by extraordinary circumstances **beyond their control** that are **verifiable**, could not have been anticipated prior to the drop deadline, and require them to withdraw from a particular course, rather than from all courses. Please note the following before completing this form:

- A student may **NOT** late drop a course in order to avoid receiving a low grade or to avoid academic probation or suspension.
- A student may not late drop a course with only the permission of the instructor.
- A student who does not maintain full-time status (12 hours per semester) may jeopardize receipt of financial aid, athletic eligibility, residence on campus, insurance benefits, and the use of university facilities and programs.
- All requests in the college for retroactive drops must be initiated through the use of this request form, with **all items completed**.
- Students must attach some type of verification of extenuating circumstances. Requests based on **medical or psychiatric health must have the recommendation of the Health Evaluating Committee.** (Contact Ms. Phyllis Smith, Schiffert Health Center, McComas Hall.) Requests based on **disabilities, including learning disabilities, ADD, ADHD, must have the recommendation of the Services for Students with Disabilities Office.** (Contact [ssd@vt.edu](mailto:ssd@vt.edu), 231-3788, 150 Henderson Hall.)
- Any misrepresentation of facts will constitute a violation of the University Honor Code. Copies of all approved forms will be sent to the instructor’s department.

**TO BE COMPLETED BY THE STUDENT:**

How many absences have you had in this course? \_\_\_\_\_ Are you receiving financial aid? \_\_\_\_\_

How many assignments have you missed or turned in late? \_\_\_\_\_ Why? \_\_\_\_\_

How many tests have you missed? \_\_\_\_\_ Why? \_\_\_\_\_

Have you met with your professor and requested assistance earlier in the semester? \_\_\_\_\_

What university support services have you used this semester? \_\_\_\_\_

Why are you requesting this change after the deadline? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is accurate. I understand misrepresentation of the facts constitutes a violation of the Honor Code.

Student’s Signature \_\_\_\_\_

Date \_\_\_\_\_

**TO THE FACULTY MEMBER OF THE COURSE:**

Please do not complete this form before students have completed the front side. No decision on this request will be made until your information is included. A copy of all requests, with the dean's decision, will be returned to your department, and you are welcome to follow-up on any cases for which you have questions. This form in no way represents a request by the dean's office for you to approve a late drop.

Has the student missed deadlines or failed to submit assigned work? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student missed any tests? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the student consulted you earlier in the semester for assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the student's current grade in your class? \_\_\_\_\_

Has the student discussed the request for a late drop or late option change with you? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you recommend a late drop or late option change in this course for this student? Yes \_\_\_\_\_ No \_\_\_\_\_

Would an incomplete be a viable option for this student? Yes \_\_\_\_\_ No \_\_\_\_\_

Other comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

<p><u>Review of the Department Head of Student:</u>      Decision _____      Date _____</p> <p>Name _____      Signature _____</p>
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<p><u>Review of the Associate Dean for Undergraduate Programs</u></p> <p>Approved _____      Denied _____      Date _____</p> <p>Signature _____</p> <p>Date Processed _____      Copy sent to department of the course _____</p> <p>Date Notified _____      Initials _____</p>
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