WARNER
SCHOOL OF EDUCATION
UNIVERSITY of ROCHESTER

Late Drop Petition Form

☐ **FALL**   ☐ **SPRING**   ☐ **SUMMER**   ____ **Retroactive** ☐
Year

NAME _____   **STUDENT ID#** [ ][ ][ ][ ][ ][ ][ ]

CLASS YEAR _____   **MAJOR/DEGREE** _____   **PHONE (day)** _____   **TODAY'S DATE** [ ][ ][ ][ ][ ]

E-MAIL _____

PLEASE CHECK ALL THAT APPLY:

Please fill in courses you wish to drop. You may drop multiple courses on this one form.

	Course (XXXX XXX-XX) ex. BIOL 110 - 1	Credit Hours	Audit (Y/N)	Course Title	Instructor Signature & Date
	-				
	-				
	-				
	-				
	-				

REASON FOR REQUEST:

Advisor Signature: _____   Date: [ ][ ][ ][ ][ ][ ]

Associate Dean Signature: _____   Date: [ ][ ][ ][ ][ ][ ]