

UNIVERSITY OF ILLINOIS
COLLEGE OF AGRICULTURAL, CONSUMER AND ENVIRONMENTAL SCIENCES
104 Mumford Hall/MC-710
1301 West Gregory Drive
Urbana, IL 61801
(217) 333-3380

PETITION TO DROP A COURSE After the Deadline

PETITIONS ARE REQUIRED FOR ALL REQUESTS TO DROP A COURSE AFTER THE FOURTH WEEK DEADLINE FOR EIGHT WEEK COURSES (FIRST HALF-AND SECOND HALF-SESSIONS) AND AFTER THE EIGHTH WEEK DEADLINE FOR SIXTEEN WEEK COURSES

In the case of extenuating circumstances, special administrative exceptions to the campus deadline may be made. The petition **must** include relevant documentation, as the request **will not** be reviewed/considered without these documents.

PROCEDURAL GUIDELINES

All of the following reports, along with any documentation, need to be turned in at the same time. The petition will not be reviewed until the documentation is complete. You are responsible for the following:

- 1) Contacting the instructor for the **Estimated Grade Report** for the course you are requesting to drop (The Committee will wish to make note of the instructor's estimation of your attendance, progress, and problems encountered).
- 2) Checking on the implications such a drop would have on financial aid, eligibility for housing, participation in intercollegiate athletics, insurance coverage, student employment, or other activities.
- 3) **Attending class while the petition is being reviewed.** The College will notify you in writing of its decision on your petition. Some petitions require more time than others to review. If you are not permitted to drop the course, you should try your best to pass it while not neglecting your other course work.
- 4) Presenting as complete a description as possible of your situation. The following information should be included in your petition:
 - a) A discussion of the circumstances which made you decide **NOT** to drop the course within the stated UIUC deadline;
 - b) A discussion of your current status in the course, your prospects for improvement, your attempts to improve your performance (contact with instructor, tutors, etc.), and any extenuating circumstances **beyond your control** that you believe have harmed your performance; and
 - c) A discussion of your reasons for taking the course.

INSTRUCTOR'S ESTIMATED GRADE REPORT

(PLEASE TYPE OR PRINT LEGIBLY)

STUDENT'S NAME _____ UIN _____

COURSE _____
(Title, Subject Code, and Number)

INSTRUCTOR'S NAME _____
(Faculty or teaching assistant responsible for evaluating the students in this course)

INSTRUCTOR'S ADDRESS/PHONE/E-MAIL _____

This student has submitted a request to drop your course. The request, however, comes after the UIUC deadline for dropping courses. The student's College is therefore requesting an evaluation of the student's performance in your course to date. Any information, qualitative and quantitative, about this student's progress in your course will help the College make an assessment of the student's overall academic situation and an equitable decision in this matter. You may return this form to the student or send it directly to the College's Academic Programs office at the address below.

PLEASE PROVIDE THE REQUESTED INFORMATION AND YOUR SIGNATURE. NOTE THAT THE PETITION WILL NOT BE REVIEWED UNTIL THIS REPORT HAS BEEN SUBMITTED. THANK YOU.

Estimated Grade _____ Percentage of semester's work completed _____

Attendance: Regular _____ Irregular _____ Unable to estimate _____

Participation: Adequate _____ Inadequate _____ Does not apply _____

Date First Major Evaluation (exam, paper, etc.) was returned and grade received _____

Has the student conferred with you concerning his/her work? _____

Other comments:

INSTRUCTOR'S SIGNATURE _____ DATE _____

RETURN TO:
College of Agricultural, Consumer and Environmental Sciences
Academic Programs
104 Mumford Hall/MC-710
1301 West Gregory Drive
Urbana, IL 61801
(217) 333-3380

PLEASE CHECK THE CATEGORIES THAT APPLY AND ATTACH DOCUMENTATION RELEVANT TO THOSE CATEGORIES. A DETAILED EXPLANATION SHOULD BE PROVIDED ON THE STUDENT'S WRITTEN REQUEST SHEET INCLUDED IN THIS PACKET.

MEDICAL – Please include written medical documentation. If you were treated at McKinley Health Center, you must submit information that verifies the dates you were seen. Furthermore, if your illness resulted in extended absences from classes, interference with your ability to be a full-functioning student, etc., then you must consent for the disclosure of this information by submitting the required documentation (see staff in 104 Mumford for Consent for Disclosure of Confidential Information form).

If you were seen by a personal physician, you must include a letter on his/her letterhead verifying your illness or injury and the relevant dates.

_____ 1. Illness

_____ 2. Injury

PERSONAL/EMOTIONAL – If you were seen at the Counseling Center or at McKinley Health Center, you must provide a letter from the counselor you saw. Likewise, if you were seen by a personal counselor, you must include a letter from him/her on letterhead verifying consultation.

_____ 1. Relationship problems

_____ 2. Roommate problems

_____ 3. Other, please explain on reverse

FAMILY – Please submit appropriate documentation, including the places and dates of illnesses or deaths, if applicable.

_____ 1. Illness or death within family unit

_____ 2. Other illness or death

_____ 3. Divorce

_____ 4. Emotional problems within the family unit

_____ 5. Other, please explain on reverse

COURSE PROBLEMS – NOTE: Not doing well in a course, by itself, does not justify approval of request.

_____ 1. Problems with Instructor or Teaching Assistant - please explain on reverse

_____ 2. Other course problems, please explain on reverse

EMPLOYMENT – Please include a letter from your employer on letterhead confirming the dates of your employment and your weekly work schedule.

_____ 1. Extra hours

_____ 2. Other, please explain on reverse

**STUDENT'S WRITTEN REQUEST
TO DROP A COURSE AFTER THE DEADLINE
(PLEASE TYPE OR PRINT LEGIBLY)**

NAME _____ UIN _____

SEMESTER/YEAR _____ HOURS ENROLLED _____

COURSE NAME, NUMBER & CRN (e.g., PSYC 100, 35678) _____

INSTRUCTOR'S NAME _____ DATE SUBMITTED _____

TYPE or PRINT below the reason(s) why this request is being made and why you believe it should be granted. (See particularly Section 4 on page one of this petition.) The Committee's decision will be mailed to your campus address in approximately one week.

I have read this petition, complied with all of the instructions, and attached all necessary documentation. If dropping this course places me at part-time status (less than 12 hours), I take full responsibility for any consequences of becoming a part-time student (i.e., loss of financial aid; validity of insurance; lengthening academic tenure; continued UIUC enrollment; adjustment to tuition fee assessment; athletic eligibility; etc.).

SIGNED _____ MAJOR/CONCENTRATION _____

ADDRESS _____

E-MAIL _____ CAMPUS PHONE NUMBER _____

**EVALUATION OF PETITION TO DROP A COURSE AFTER THE CAMPUS DEADLINE
TO BE COMPLETED BY ACADEMIC ADVISOR
(PLEASE TYPE OR PRINT LEGIBLY)**

Please provide any information regarding this student's situation of which you are aware.

Do You:

____ SUPPORT THIS REQUEST

____ NOT SUPPORT THIS REQUEST

____ HAVE NO OPINION REGARDING THIS REQUEST

Explain Why:

ACADEMIC ADVISOR'S NAME (Please print)

PHONE NUMBER

DATE

ACADEMIC ADVISOR'S SIGNATURE

E-MAIL ADDRESS

**TO BE COMPLETED BY
ACES ACADEMIC PROGRAMS**

FINAL ACTION:

____ APPROVED, INSTRUCTIONS TO 104 STAFF:

____ DENIED

DEAN'S SIGNATURE

DATE