EAST TENNESSEE STATE UNIVERSITY Request to Late Drop Some, but NOT All Courses

I. PROCEDURES

Note: deadline dates for Late Drops with Dean Permission - see academic calendar: https://www.etsu.edu/ehome/academicdates/

- A. Student initiates process by obtaining request form from the Records Office, Burgin E. Dossett Hall, room 101.
- B. Student presents completed request (including instructor input) and documentation to the dean of major or his/her designee for review.
- C. The dean or designee may request a conference with the student to discuss this request.
- D. Dean approves or disapproves the request, notifies student, and (if approving) completes the form which is valid for three working days after the date of the dean's approval.
- E. Student must pick up the request form and take it to the Records Office.
- F. Students should continue attending class and submitting coursework while awaiting the Dean's decision.

II. STUDENT COMPLETES THIS SECTION

Student's N	ame:								Date:		
		Last			First						
Student E Number:				Major:					Cum GPA		
Total Credits Currently Enrolled:					Classification:	Fr.	So.	Jr.	Sr.	(circ	cle one)
Phone Nu	mber:				Email:						
Permission is being sought to drop:							Instr	uctor:			
		-	Dept.		Course	Section					
Currently e	nrolled in the	following oth	ner courses:								
Dept.	Course	Section	_	Dept.	Course	Section	_	_	Dept.	Course	Section
Dept.	Course	Section	-	Dept.	Course	Section	_	_	Dept.	Course	Section

III. STUDENT SECTION – CONTINUED

EXTENUATING CIRCUMSTANCES WHICH JUSTIFY DROP REQUEST

	each appropriate documentation or give name of individual who can verify circumstances – i.e., physician, employer, etc. y personal nature, you may wish to state those reasons verbally to the dean or designee.)	If your reasons are of a
		_
Add	litional information: Have you discussed your situation with the course instructor?	
	en?	
Hav	re you attended class regularly? Have you taken all regularly scheduled exams?	
Hav	re you discussed your situation with your academic advisor? What are your exam/project grades?	
Wh	at is your advisor's name?	
	The above statements are true and accurate to the best of my knowledge.	
	Signed:	
	Student's signature	Date
IV.	FOR INSTRUCTOR'S USE Has the student discussed his/her performance in the course with you, with a view toward completion of the course?	
	Has the student's attendance record been satisfactory?	
	At this point, what is the student's grade in the course?	
	ADDITIONAL COMMENTS:	
	Signed:	
	Instructor's signature	Date
V.	FOR DEAN'S USE	
	If drop is approved, complete below.	
	Approved Disapproved Grade Assigned W WF (Circle One)	
	Signature Date:	

LATE DROP REQUESTS SHOULD BE DIRECTED TO THE FOLLOWING:

UNDECLARED (or Academic Focus Area) STUDENTS	University Advisement Center 355 Sherrod Library (3rd Floor)	423-439-5244
COLLEGE OF ARTS AND SCIENCES	Dr. Daniel Westover 355 Sherrod Library (3rd Floor)	423-439-5248
COLLEGE OF BUSINESS AND TECHNOLOGY	Dr. Anthony Pittarese 213 Sam Wilson Hall	423-439-6984
CLEMMER COLLEGE	Joel Tramel 321 Warf-Pickel Hall	423-439-7626
COLLEGE OF CLINICAL AND REHABILITATIVE HEALTH SCIENCES	Megan Roberts 102 Hutcheson Hall	423-439-7424
COLLEGE OF NURSING	Karen Hirst 230 Roy S. Nicks Hall	423-439-4523
COLLEGE OF PUBLIC HEALTH	Dr. Robert Pack 104 Lamb Hall	423-439-4243
SCHOOL OF CONTINUING STUDIES AND ACADEMIC OUTREACH	Dr. Jill LeRoy-Frazier 213 Nell Dossett Hall	423-439-4223
SCHOOL OF GRADUATE STUDIES (all graduate level students)	Dr. Karin Bartoszuk 309 Burgin Dossett Hall	423-439-4221