I. PROCEDURES
   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. After the last day to withdraw for the term, all students must present the request to the Provost’s designee for evaluation prior to bringing it to the Office of the Registrar.
      The designee is located in the Office of Undergraduate Student Advisement, second level, D.P. Culp Center.
   F. Students should continue attending class and submitting coursework while awaiting the Dean’s decision.

II. STUDENT COMPLETES THIS SECTION

Student’s Name: ____________________________ Date: ________________

   Last Name: __________________ First Name: __________________________

   Student E Number: ______________________ Major: __________________

   Cum GPA: __________________________

   Total Credits Currently Enrolled: __________

   Classification: Fr. So. Jr. Sr. (circle one)

   Phone Number: __________________________ Email: ______________________

   Permission is being sought to drop: __________________________

   Dept. __________ Course __________ Section __________

   Instructor: __________________________

   Currently enrolled in the following other courses:

   Dept. __________ Course __________ Section

   Dept. __________ Course __________ Section

   Dept. __________ Course __________ Section

   Dept. __________ Course __________ Section

   Dept. __________ Course __________ Section

   Dept. __________ Course __________ Section

If you receive financial aid or Veteran’s benefits, list all types you receive:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
III. STUDENT SECTION – CONTINUED

EXTENUATING CIRCUMSTANCES WHICH JUSTIFY DROP REQUEST

(Attach appropriate documentation or give name of individual who can verify circumstances – i.e., physician, employer, etc. If your reasons are of a very personal nature, you may wish to state those reasons verbally to the dean or designee.)

Additional information: Have you discussed your situation with the course instructor?

When? ____________________________________________

Have you attended class regularly? __________________________ Have you taken all regularly scheduled exams? __________________________

Have you discussed your situation with your academic advisor? ____________ What are your exam/project grades? __________________________

What 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: ____________

Revised 10/08/2015
LATE DROP REQUESTS SHOULD BE DIRECTED TO THE FOLLOWING:

<table>
<thead>
<tr>
<th>Category</th>
<th>Contact Name</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNDECLARED STUDENTS</strong></td>
<td>University Advisement Center</td>
<td>423-439-5244</td>
</tr>
<tr>
<td></td>
<td>ARC, 2nd level of the D.P. Culp Center</td>
<td></td>
</tr>
<tr>
<td><strong>COLLEGE OF ARTS AND SCIENCES</strong></td>
<td>Dr. Daniel Westover</td>
<td>423-439-5248</td>
</tr>
<tr>
<td></td>
<td>ARC, 2nd level of the D.P. Culp Center</td>
<td></td>
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<tr>
<td><strong>COLLEGE OF BUSINESS AND TECHNOLOGY</strong></td>
<td>Dr. Suzanne Smith</td>
<td>423-439-6984</td>
</tr>
<tr>
<td></td>
<td>213 Sam Wilson Hall</td>
<td></td>
</tr>
<tr>
<td><strong>COLLEGE OF EDUCATION</strong></td>
<td>Joel Tramel</td>
<td>423-439-7626</td>
</tr>
<tr>
<td></td>
<td>323 Warf-Pickel Hall</td>
<td></td>
</tr>
<tr>
<td><strong>COLLEGE OF CLINICAL AND REHABILITATIVE HEALTH SCIENCES</strong></td>
<td>Dr. Don Samples</td>
<td>423-439-7454</td>
</tr>
<tr>
<td></td>
<td>384 Lamb Hall</td>
<td></td>
</tr>
<tr>
<td><strong>COLLEGE OF NURSING</strong></td>
<td>Scott Vaughn</td>
<td>423-439-4578</td>
</tr>
<tr>
<td></td>
<td>230 Roy S. Nicks Hall</td>
<td></td>
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<tr>
<td><strong>COLLEGE OF PUBLIC HEALTH</strong></td>
<td>Dr. Robert Pack</td>
<td>423-439-4243</td>
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<tr>
<td></td>
<td>104 Lamb Hall</td>
<td></td>
</tr>
<tr>
<td><strong>SCHOOL OF CONTINUING STUDIES AND ACADEMIC OUTREACH</strong></td>
<td>Dr. Rick Osborn</td>
<td>423-439-4223</td>
</tr>
<tr>
<td></td>
<td>902 W. Maple Street</td>
<td></td>
</tr>
<tr>
<td><strong>SCHOOL OF GRADUATE STUDIES</strong></td>
<td>Dr. Cecilia McIntosh</td>
<td>423-439-4221</td>
</tr>
<tr>
<td>(all graduate level students)</td>
<td>Dr. Karin Bartoszuk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>309 Burgin Dossett Hall</td>
<td></td>
</tr>
</tbody>
</table>