

Late Drop Request

This form is only to be used when the electronic Course Change Request cannot be submitted through the MyUW Student Center. This form is ONLY for late drop after the 9th week of classes. The signed form must be accompanied by an appeal letter from your faculty advisor outlining the extenuating circumstances.

Please note that poor performance in	n a course is not an a	cceptable reason fo	or a late drop appeal.
Student Name:	Email Addres	s:	
Campus ID Number:	Student Grad	duate Program:	
Term: Fall Spring Summer		Year	
Drop Course 5 digit Course ID # Credits C	ourse Subject Ca	talog number	
Instructor Signature	Date		
Drop Course 5 digit Course ID # Credits C	ourse Subject Ca	talog number	
Instructor Signature	Date		
Drop Course 5 digit Course ID # Credits C	Course Subject Cat	alog number	
Instructor Signature	Date		
Faculty Advisor Name:		-	
Faculty Advisor Signature	 Date	Student Signatu	re Date