

College of Humanities and Social Sciences
Instructor and Advisor Feedback on Schedule Modifications after Deadline

SECTION 1: To be completed by the Student

Semester: _____ Year: _____
Student Name: _____ Student ID: _____ - _____ - _____
Course: _____ Section: _____ Instructor Name: _____

Authorization: By signing below I give the Instructor of the above course permission to release information to the College of Humanities and Social Sciences regarding my academic performance and academic integrity as it relates to my participation in this course.

Student Signature: _____ Date: _____

SECTION 2: To be completed by the Course Instructor

The above named student is seeking a schedule modification (course drop or change to CR or AU) as it relates to enrollment in your course. If the student has signed the Authorization in SECTION 1 above please complete sections 2a and 2b below **unless you are currently bringing an academic integrity violation against this student.** If this is the case, please indicate and do not complete sections 2a and 2b below: _____

2(a) Before _____ (date of unforeseen and unavoidable extenuating circumstance):

Attendance in Course: Good _____ Satisfactory _____ Poor _____

Overall Grade in the Course Passing: _____ Not Passing: _____

Letter (or number) grade if available: _____

2(b) Since _____ (date of unforeseen and unavoidable extenuating circumstance):

Attendance in Course: Good _____ Satisfactory _____ Poor _____

Overall Grade in the Course Passing: _____ Not Passing: _____

Letter (or number) grade if available: _____

Instructor's Additional Comments (optional).

Printed Name: _____ Signature: _____ Date: _____

SECTION 3: To be completed by the Student's Faculty Advisor

The above student has requested an exemption from University Policy regarding course drops and changes to CR or AU. Please check after one of the following statements:

I have reviewed this request and the student is aware of the effects of this action on progress toward degree: _____

I have additional information regarding this request and wish to have the Assistant Dean contact me before a decision is made: _____

Faculty Advisor's Additional Comments (optional).

Printed Name: _____ Signature: _____ Date: _____
