

Student ID No:	Major:
Last Name:	First Name:
VT Email:	Cell Phone Number:
Academic Level: FR SO JR SR	
Term (Check): Fall Spring Summer I Summer II Year:	

This form is to be used by students with a primary major in the College of Architecture & Urban Studies and **only after the deadline has passed that is listed on the University Registrar's website.**

- When you have a justifiable reason for dropping a class after the deadline you need to complete this request. Your request will be considered upon your submission of the information requested on this form. A late drop is considered only when there are extenuating circumstances beyond your control.
- If your extenuating circumstances are medical related you must submit documentation from Schiffert Health Center or Cook Counseling Center.
- Return completed form to 202 Cowgill Hall. The Associate Dean of Academic Affairs will review your request.
- Requests cannot be processed if there is a hold on your account.

To be completed by the student. All fields are required.

CRN:			
Department:	Course Number:	Grade Mode (Check): A/F P/F AUD	Credit Hours:
Course Title:			
How many absences have you had in this course?			
Why?			
Are you receiving financial aid?			
How many assignments have you missed or turned in late?			
Why?			
How many tests have you missed?			
Why?			
How you met with your professor and requested assistance earlier in the semester?			
What university support services have you used this semester?			
Reason for Late Drop:			

I certify that the above information provided is correct and I understand that any misrepresentation may constitute an Honor Code Violation.

Student Signature: _____ Date: _____

Request for Late Course Drop CAUS Majors Only – Instructor Form

Review of the Instructor: Please do not complete this form before the student has completed their portion of the form. No decision on this request will be made until your information is included. This form in no way represents a request by the Dean's office for you to approve a late drop.

Has the student missed deadlines or failed to submit assigned work? Yes _____ No _____

Has the student missed any tests? Yes _____ No _____

Has the student consulted you earlier in the semester for assistance? Yes _____ No _____

What is the student's current grade in your class? _____

Has the student discussed the request for a late drop or late option change with you? Yes _____ No _____

Do you recommend a late drop or late option change for this student? Yes _____ No _____

Would an incomplete be a viable option for this student? Yes _____ No _____

Other comments?

Instructor's Name: _____

Phone: _____

Email: _____

Instructor's Signature: _____ Date: _____

Student's Advisor or School/Department Head:

Decision: Approved _____ Denied _____

Name: _____ Email: _____

Departmental Signature: _____ Date: _____

Please forward this form to the CAUS Office of the Dean (MC 0205) once both the instructor and the student's advisor or school/department head have reviewed it.

Review of the Associate Dean:

Decision: Approved _____ Denied _____

Associate Dean Signature: _____ Date: _____
CAUS Office of the Dean (202 Cowgill Hall)

Date Received: _____ Date Processed: _____ Processed by: _____

Date Notified: