



Late Course Drop Request

Student Information										
Last Name:			First Name/MI:				Student ID No:			
Major:			Phone:				VT Email:			
Academic Level:	FR	SO	JR	SR	Term :	Fall	Spring	Summer	Winter	Year

This form is to be used by students with Public Health as their primary major and **only after the deadline has passed that is listed on the University Registrar's website.**

- Student must have a justifiable reason for dropping a class after the deadline. 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 that could not have been anticipated prior to the deadline. This form is to be used if seeking to drop a single course rather than all courses
- If your extenuating circumstances are medical related you must submit documentation from Schiffert Health Center or Cook Counseling Center.
- Submit your request to the PH secure document portal. The BSPH Program Director will review your request.
- Requests cannot be processed if there is a hold on your account. Students are responsible for resolving holds prior to being dropped from a course.

To be completed by the student All fields are required.

CRN:		Course Title:							
Dept	Course #	Grade Mode: A/F P/F AUD			Credit Hours	Receiving Financial Aid Yes No			
How many absences have you had in this course? _____ Why?									
How many assignments have you missed or turned in late? _____ Why?									
How many tests have you missed? _____ Why?									
Have you met with your professor and requested assistance this semester? Yes No									
What university 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: _____

Advisor Signature: _____

Date: _____



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Review for 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 from the BSPH Program Director 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 Program Director:

Decision: Approved Denied

Name:

Email:

Departmental Signature:

Date:

Please upload this form to the PH secure submission portal for the advisor and BSPH program director's review.

Review of the BSPH Program Director:

Decision: Approved Denied

BSPH Program Director Signature:

Date:

Office Use Only

Date Received:

Date Processed:

Processed by:

Date Notified: