Petition to the Academic Requirements Committee
Use this Petition to Add, Drop Without a Recorded W, or Withdraw with a Recorded W Approved petitions are subject to a fee of \$25-\$50. If the petition is for initial registration for the term, a \$100 late registration fee may apply after the 4th week of the term.

Return to: Office of the Registrar registrar@uoregon.edu

| Name: | | | UO ID Number: | | |
|---|--|---|---|------------|---|
| | Last | First MI | _ | | |
| Address: | | | | | |
| | Street | City | State | Zip | |
| E-mail: | | | Phone: | |) |
| <u>PETITION GUIDELINES</u> **** READ CAREFULLY **** | | | | | |
| circumstances which wou | | ished policy or academic de esent all information in a cla | eadline. You are required | | |
| Dissatisfaction v | vith a grade | Dates the | nces which warrant an eat midterms/grades were carefully check registra | e given, į | |
| For approval of any | sion about the deadline petition, the follow | | carefully check registra | alion and | Dills Oil Duckweb |
| ✓ Instructor signal | ture (Form submiss | ion from your UO em | | | |
| ✓ Department stan | . ` | ould forward the ema | - | | |
| | | be notified of a decisio cords Specialist in the | | | e questions about a Dregon Hall, (541) 346-2935. |
| | | withdraw with a W fronct the Office of Acader | | | |
| attach a second pag | sed the deadline. Whe if needed. | | | | etition? Write legibly and |
| Student Handwritten | Signature | | Date | | |
| | <u>g</u> | | | | |
| INSTRUCTOR STAT | <u>ΓΕΜΕΝΤ</u> - Please inα | dicate why the reques | sted action is approp | oriate. | |
| Send this form to your dept. personnel from your UO email address. This will serve as your signature. | | | | | |
| Instructor Handwritte | en Signature | | Date | | |
| Please print instructo | or name: | | | | |

Student Request to: PETITIONS TO ADD: Please be aware additional tuition and fees may be assessed. Course # 1. Subject CRN Title Instructor Graded or P/N Credits Year/Term Email from instructor UO address serves as signature. Instructor Handwritten Signature (required for consideration) Date Dept Stamp indicated in email from department personnel using UO acct. Please print instructor name: _ CRN Graded or P/N 2. Subject Course # Title Instructor Credits Year/Term Email from instructor UO address serves as signature. Instructor Handwritten Signature (required for consideration) Date Dept Stamp indicated in email from department personnel using UO acct. Please print instructor name: PETITIONS TO DROP WITHOUT A RECORDED "W": Student must withdraw from the course before petitioning for no "W". Subject Course # CRN Title Instructor Graded or P/N Credits Year/Term The instructor MUST INITIAL one of the following reasons for recommending the approval of this change: Student was ill or injured during the first week of the term and unable to drop the course before the deadline. Department changed the course meeting date/time and student was unable to participate. Student has not met the prerequisite(s) for this course. (Approval granted only within the first two weeks of the term.) Student was incorrectly placed at this level; registration in _ is recommended. Subject/Course #/CRN Student is enrolling in another section of the same course. (see ADD above) Other (Instructor statement required on reverse side) Email from instructor UO address serves as signature. Date Instructor Handwritten Signature (required for consideration) Dept Stamp indicated in email from department personnel using UO acct. Please print instructor name: PETITIONS TO WITHDRAW WITH A RECORDED "W" (current term only): *** For past terms, contact Academic Advising, 364 Oregon Hall. Subject Course # CRN Title Instructor Graded or P/N Credits Year/Term The instructor MUST INITIAL one of the following reasons for recommending the approval of this change: Student was ill or injured and unable to drop the course before the deadline. Other (Instructor statement required on reverse side) Email from instructor UO address serves as signature. Instructor Handwritten Signature (required for consideration) Date Dept Stamp indicated in email from department personnel using UO acct. Please print instructor name: **OFFICE USE ONLY** Denied \Box Approved \Box Petition Fee: SFAREGS SFAINDV \square Student Notified: Sent
In person Student notified of tuition change Comments: SFASLST/SHACRSE Received By:

ARC Petition-Add-Drop-Withdraw – November 2019 Add Drop Petition.PDF