

Use this Petition to Drop Without a Recorded W, or Withdraw with a Recorded W

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

E-mail: _____ Phone: () _____

Please print instructor name:

Student Request to:

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
<p>The instructor <u>MUST INITIAL</u> one of the following reasons for recommending the approval of this change:</p> <p>_____ Student was ill or injured and unable to drop the course before the deadline.</p> <p>_____ Other (Instructor statement required on reverse side)</p>							
Instructor Handwritten Signature (required for consideration)				Date		<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto;"></div> Dept Stamp Required	

Please print instructor name:

<u>OFFICE USE ONLY</u>			
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Petition Fee: _____	
Student notified of tuition change <input type="checkbox"/>	SFAREGS <input type="checkbox"/>	SFAINDV <input type="checkbox"/>	Student Notified: Sent <input type="checkbox"/> In person <input type="checkbox"/>
Comments:		SFASLST/SHACRSE <input type="checkbox"/>	
Received By: _____		Date: _____	