

Supplementary Documentation

DEPARTMENT DOCUMENTATION FORM

UNIVERSITY OF OREGON □ OFFICE OF THE REGISTRAR
registrar@uoregon.edu
P 541-346-2935 □ F 541-346-6682

NOTE TO STUDENT: This Department Documentation Form must be completed by a UO instructor, advisor, or department representative. We may request additional documentation such as email correspondence. If the petition is approved based on the circumstance stated below, a refund or other adjustments to the student record is granted only once. Should the same condition reoccur or persist in future terms, no further petition, appeal for refunds will be allowed as you are aware of the university policies.

SECTION 1: STUDENT IDENTIFICATION (completed by student)

Student Name _____ UO ID No. _____

Student Signature* _____ Date _____

SECTION 2: Department Information (must be completed by Instructor, Advisor, or Department Representative, then faxed/emailed directly from the department.)

Name _____ Position _____

Department _____ UO Tel _____

UO Email: _____@uoregon.edu

NOTE TO DEPARTMENT: If department or faculty fault, it is your responsibility to correct policies and procedures to ensure students are not adversely impacted in the future. Future petition for the same circumstance may not be approved.

1. Please describe how you or the department contributed to the student's inability to withdraw prior to posted deadlines

2. Initial date of circumstance: _____

3. When was the student made aware of the situation? _____

4. What recommendations were made to the student?

5. Last Date of Attendance or interaction in the course: _____ Never attended/interacted

Signature _____ Date _____