

REQUEST TO DROP A COURSE, ADD A COURSE,  
OR CHANGE GRADE MODE **AFTER DEADLINE**

Last 4 digits of Student ID	Last Name:	First Name:
VT Email:	Major:	College:
Cell Phone:	Academic Level: FR SO JR SR	

Department & Course Number: \_\_\_\_\_ CRN: \_\_\_\_\_ Course Term: \_\_\_\_\_

**Add a course after the deadline (instructor’s signature required)**

IMPORTANT: I understand that I am responsible for completing all required coursework if the late add is approved.

**Drop a course after the deadline**

IMPORTANT: The university establishes the drop deadline as 40% of the term. Requests to drop courses after the deadline will be approved only for students who are confronted by extraordinary circumstances beyond their control that are verifiable, could not have been anticipated prior to the drop deadline, and require them to drop a single course rather than all courses. If the request is due to medical reasons, please visit Schiffert Health Center, Cook Counseling Center, or Services for Students with Disabilities, instead of completing this form

**Change grade option from A-F to P/F after the deadline**

**Change grade option from P/F to A-F after the deadline**

**Change grade option to/from Audit after the deadline (instructor’s signature required)**

**Reason for Request:**

Please provide information on why you are requesting an exception to published university policy. **Only exceptional circumstances beyond the student’s control will be considered. Associate Dean’s approval is required.** You may attach a second page, if necessary.

\*Requests cannot be processed if there is a hold on your account.

*I understand the implications this request may have on progress towards degree(s), financial aid, housing/dining, honors program, Corps or ROTC program, international student requirements, NCAA policies/regulations, and/or other university academic requirements, services, or programs. I certify that the above information provided is correct and I understand that any misrepresentation may constitute an Honor Code Violation.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 by the Dean's office for you to approve a late add/drop/grade option change.

**Instructor Review for Request to Add a Course After the Deadline**

Has the student missed any deadlines?                      Yes                      No

Has the student missed any tests?                              Yes                      No

Other Comments:

Instructor's name \_\_\_\_\_ Instructor's Phone \_\_\_\_\_

Instructor's VT Email \_\_\_\_\_

As the instructor of record for this course, I approve this request for a **late add**                      Yes                      No

Instructor's Signature \_\_\_\_\_

**Instructor Review for Request to Drop a Course After the Deadline**

Has the student missed any 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** with you?                      Yes                      No

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

Do you recommend a **late drop** for this student?                      Yes                      No

Other Comments:

Instructor's name \_\_\_\_\_ Instructor's Phone \_\_\_\_\_

Instructor's VT Email \_\_\_\_\_

Instructor's Signature \_\_\_\_\_

**Instructor Review for Request to Change Grade Option After the Deadline**

Has the student discussed the request for a **late grade option** change with you?                      Yes                      No

Do you recommend a **late grade option change** for this student?                      Yes                      No

Other Comments:

Instructor's name \_\_\_\_\_ Instructor's Phone \_\_\_\_\_

Instructor's VT Email \_\_\_\_\_

Instructor's Signature \_\_\_\_\_

Student's Advisor or Department Head:

Decision:    Approved                          Denied   

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Departmental Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Review of the Associate Dean:

Decision:    Approved                          Denied   

Associate Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed by: \_\_\_\_\_

Date Notified: \_\_\_\_\_