

**GRADUATE SPECIAL PETITION  
LATE ACTION**

**REGISTRATION**

**ADD**

**DROP**

**WITHDRAWAL**

**INSTRUCTIONS:**

- 1.) **CLICK ON THE GRAY AREAS TO TYPE IN THE REQUIRED INFORMATION**
- 2.) **COMPLETE ALL SECTIONS OF BOTH PAGES COMPLETELY AND SECURE REQUIRED SIGNATURES. ATTACH EXTRA PAGES WHERE NECESSARY.**
- 3.) **ATTACH APPROPRIATE DOCUMENTATION. ADD/DROP CARD OR INDEPENDENT STUDY/INTERNSHIP FORM**
- 4.) **PRINT AND SUBMIT PETITION TO YOUR PROGRAM CHAIR**
- 5.) **FINAL DECISION WILL BE POSTED TO THE MEMORANDUM SECTION OF YOUR TRANSCRIPT.**

**STUDENT INFORMATION** (please print)

Name \_\_\_\_\_

Student Number \_\_\_\_\_ Address \_\_\_\_\_

Graduate Program \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ Earned Credits \_\_\_\_\_

Current academic status (Select one):      good standing      probation      suspension

(Continue to Page 2)

**ACTION (For Office Use Only)**

Decision:               Approved               Denied

Action: \_\_\_\_\_  
\_\_\_\_\_

Comments/Notes:

Program Chair \_\_\_\_\_ Date \_\_\_\_\_

Page 2 of 2 – Graduate Late Action Petition

**FOR THE STUDENT:** Answer all of the following (use a separate sheet, if necessary).

Semester for which you are requesting the late action \_\_\_\_\_ Required deadline \_\_\_\_\_

What circumstances prevented you from meeting this deadline? Attach appropriate documentation (ex: medical excuse).

List the courses that you propose to register for, add or drop.

If requesting late registration or add, have you been attending the course? Have you met with instructors to discuss joining the course late? Why do you need to add the course(s)?

If requesting to drop or withdraw, have you requested extra help from the instructor(s)? Have you regularly attended classes?

Approval of this petition may affect your future financial aid eligibility. Contact the Financial Aid Office (SS-1200, 920-465-20750 for more information.

I agree to pay any and all additional tuition and fees or penalties resulting from approval of this petition. (Consult with Student Billing, SS1700/465-2224, if you have questions.)

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

**FOR INSTRUCTORS:** Late Registration, Add, and Drop requests require the signature(s) of instructor(s). Your signature indicates support and approval of this student's request.

Do you support this request?  Yes  Yes with Reservations  No  
Comments:

Course number Faculty/Instructor signature

Do you support this request?  Yes  Yes with Reservations  No  
Comments:

Course number Faculty/Instructor signature

Do you support this request?  Yes  Yes with Reservations  No  
Comments:

Course number Faculty/Instructor signature

Do you support this request?  Yes  Yes with Reservations  No  
Comments:

Course number Faculty/Instructor signature