

**Force-Add & Late Request Form**

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| --- | --- | --- |
| Name: | ID#: | Date: |
| Primary Major: | Email: | Semester/Year: |
| Academic Level:  F So J Sr | Course Subject and Number: | CRN: |

1. **Please mark what you are requesting:**

**CURRENT SEMESTER**

\_\_\_\_Force-add course

\_\_\_\_ Add a course after published deadline.

\_\_\_\_ Drop a course after published deadline. *(Different from course withdrawal. Students must use all course withdrawal credits before requesting a late drop. If request is due to medical reasons, please complete the academic relief form for Schiffert Health or Cook Counseling Center instead of completing this form. You must meet with someone in the Academic Programs office for academic relief.)*

\_\_\_\_ Change a course from A/F to P/F after deadline.

\_\_\_\_ Change a course from P/F to A/F after deadline.

\_\_\_\_ Change a course to / from audit after deadline.

**PREVIOUS SEMESTER**

\_\_\_\_ Retroactive drop.

*(Different from course withdrawal. If request is due to medical reasons, please complete the academic relief form for Schiffert Health or Cook Counseling Center instead of completing this form. You must meet with someone in the Academic Programs office for academic relief.)*

\_\_\_\_ Retroactive add. *(Grade for class must be entered by professor/department offering course.)*

\_\_\_\_ Other request, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This course is:

\_\_\_\_ A specific requirement for curriculum shown above

\_\_\_\_ A prerequisite for a course specifically required by curriculum

\_\_\_\_ Needed to refresh critically needed background (repeat)

\_\_\_\_ An elective from list structured for curriculum above

\_\_\_\_ Other, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **On the final page of this form, please state reason for late request. (Student completes)**

*I understand the implications this request may have on my progress toward degree(s), financial aid, housing/dining, honors program, Corps or ROTC program, international student requirements, NCAA policy, and/or other university academic requirements, services, or programs.*

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

1. **If force-adding, late adding a course, or changing grade mode, instructor’s approval must be obtained.**

*As the instructor of this course, I approve the force-add or late add and believe doing so will not prejudice this student’s chances of successfully completing this course. Or, I approve the late grade mode change.*

Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Print Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Student must obtain academic advisor’s approval.**

*As the department representative, I understand the student is requesting this change. Add comments for Associate Dean’s consideration if necessary:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Department Signature**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Print Department approval name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (academic advisor)

**Dean’s approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Submit completed form to CALS Academic Dean, 1060 Litton-Reaves.

Student will be notified by email regarding the outcome of this request. Final approval is not granted until academic dean has approved and processed this request.

**REASON FOR REQUEST:**

Why do you think your situation merits an exception to published university policy? Print neatly or attach typed document.