LATE REQUEST FORM
COLLEGE OF ARCHITECTURE AND URBAN STUDIES

Date: __________________________  Primary Major: __________________________  ID#: __________________________

Name: ___________________________________________________ Email: __________________________@vt.edu

Course Subject and #: __________________________  Semester/Year: __________________________  20________

CRN: __________________________  Academic Level:  FR  SO  JR  SR  5th yr SR

Current Semester Requests:

_____ 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 go to Schiffert Health or Cook Counseling instead of completing this form).

_____ 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 Requests:

_____ Retroactive Drop
(Different from course withdrawal. If request is due to medical reasons please go to Schiffert Health or Cook Counseling instead of completing this form).

_____ Retroactive Add (grade for class must be entered by professor/dept. offering course)

_____ Other request, please explain: _____________

Student: On the back side of this form, please state reason for late request

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: __________________________

If late adding a course or changing grade mode, please obtain instructor’s approval:

As the instructor of this course, I approve the 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: __________________________  Date: __________________________

Print Instructor Name: ____________________________________________________________

As the department or school representative, I understand the student is requesting this change. Add comments for dean’s consideration if necessary:

Department: __________________________  Date: __________________________

(Chair, Director, Advisor)

Print Department Approval Name: _______________________________________________________

Dean’s Approval: __________________________  Date: __________________________

Student will be notified by e-mail regarding the outcome of this request.
Final approval is not granted until academic dean has approved and processed request.
REASON FOR REQUEST

Why do you think your situation merits an exception to published University policy?

Print neatly or attach typed document