

**UNIVERSITY OF RHODE ISLAND
PETITION TO APPEAL THE ADD OR DROP DEADLINE**

(PLEASE PRINT)

NAME _____ URI ID _____
 ADDRESS _____ PHONE # _____
 ACADEMIC PLAN _____ ACADEMIC PROGRAM _____
 SEMESTER _____ E-MAIL _____

ACTION	COURSE	SECTION	CREDIT	TITLE / INSTRUCTOR
ADD*				
DROP				
CREDIT CHANGE*+				

* BURSAR CLEARANCE REQUIRED + To change credits in a variable credit course, enter the new credit count in the CREDIT column.

INSTRUCTIONS FOR STUDENT

Late adds or drops are approved only for unusual, extenuating circumstances. Full documentation supporting these circumstances must be provided. If you believe that a late add or drop is justified, complete this petition as follows:

1. Complete all pertinent information above these instructions.
2. On a separate sheet of paper, state the reasons you believe qualify you for the late transaction(s) requested above. Your name and URI ID number should be included on the sheet.
3. Attach documentation supporting your claim of extenuating circumstances (e.g., a medical report is expected in case of significant illness.)
4. Have your course instructor(s) complete the instructor portion of the petition below.

5. Submit this completed petition, your statement, and supporting documentation to your dean's office.

Submitting this petition does not assure that it will be approved, so be sure to continue attending the affected course(s) while your petition is being evaluated.

6. On Wednesday of the week following the submission of this petition, return to the dean's office to learn the results of your petition. If approved, continue with the remaining two steps.
7. If approved, you will be given this petition to take to the Office of Enrollment Services.
8. Failure to present this petition to the Office of Enrollment Services within ten days of approval will require that it be resubmitted for approval to your academic dean.

Student's Signature _____ Date _____

TO BE COMPLETED BY COURSE INSTRUCTORS (Additional comments may be added on back of original copy.)

Course	Sctn.	Instructor	Instructor Signature	Date Student Last Attended	Instructor(s). Do you support this petition?
					<input type="checkbox"/> Yes <input type="checkbox"/> No Comment
					<input type="checkbox"/> Yes <input type="checkbox"/> No Comment
					<input type="checkbox"/> Yes <input type="checkbox"/> No Comment

TO BE COMPLETED BY STUDENT'S DEAN

- Approved Disapproved Returned

Dean's Signature _____ Date _____

BILLING AND COLLECTIONS CLEARANCE