



University of Wisconsin Oshkosh
Cooperative Academic Partnership Program

REQUEST FOR LATE DROP
(Please see reverse side information)

Please Print Information
Sections 1, 2 and 3 must be completed for Official Decision.

Student completes section 1
The student's request does not mean the appeal is accepted or approved.

Name _____ Date _____

Social Security Number _____ Student I.D. Number _____ High School/City _____

Course Name/Number _____ Semester/Year _____ Credits _____

Instructor _____

List code(s) from reverse side for Late Drop request _____

Summarize the relevant extenuating circumstances that you feel might warrant an exception to the drop policy (attach a more complete narrative if necessary)



Instructor completes section 2
The instructor's signature does not mean the appeal is accepted or approved.

Attendance through today's date _____ Estimate of student's grade as of this date _____

Other information as identified _____



Do you have any objections to a late drop? Yes No

If yes, please comment:

Signature _____ Date _____



Counselor or principal completes section 3
The counselor's or principal's signature does not mean the appeal is accepted or approved.

Do you have any objections to a late drop? Yes No

If yes, please comment:

Signature _____ Date _____



Official Decision: ACCEPT DENY Full Refund: YES NO

CAPP Director's Signature _____ Date _____

Decisions will be mailed to the principal and adjunct instructor.