



## REQUEST FOR EXCEPTION TO DEADLINES: DROP/ADD/WITHDRAW

I am requesting permission to:  DROP  ADD  WITHDRAW

Complete this form in its entirety and submit it to the School of Graduate Studies and Research after obtaining the course instructor and department chairperson's signatures. Please complete one form for each course for which you are requesting a drop, add, or withdrawal.

Student Name  Banner ID @

IUP E-mail  Telephone

Course Information: CRN  Subject  Course Number  Course Section

Course Title  Semester  Year

My justification(s)  
for this request:

Please complete: I have checked with Financial Aid and acknowledge that this change :  will  will not affect my financial aid.

Student's Signature  Date

### APPROVALS:

I support the request of the above named student to drop/add/withdraw from said course after the deadline. In the event that the student is seeking permission to enter a closed section or permission only section, the department should also completed the closed section or the permission override.

Instructor's Name  Instructor's Signature  Date

Instructor's Comments

Chairperson's Name  Chairperson's Signature  Date

Chairperson's Comments

SGSR Assistant Dean's Signature  Date

Request Approved  Request Denied

Reason