

College of Agriculture and Natural Resources  
Ratcliffe Hicks School of Agriculture

REQUEST TO DROP A COURSE AFTER THE NINTH WEEK

**Do Not Delay**

**Deadlines are printed in the UConn Undergraduate Catalog and on the Registrar's website [www.registrar.uconn.edu](http://www.registrar.uconn.edu). Failure to follow procedures in a timely manner may result in denial of the request.**

Academic Regulations

No student can drop a course after the ninth week of classes unless the student's dean, upon the advisor's recommendation, makes an exception. The dean makes exceptions only for extenuating circumstances beyond the student's control. Poor academic performance is not an appropriate basis for dropping a class after the ninth week. Dean's approval is also required to drop more than one course after the second week of classes.

Non-attendance in a class does not constitute withdrawal. The student must officially drop the course by regular procedures or risk receiving a failing grade.

Dropping a course during a summer session also requires advisor and dean's approval after a specified number of classes. Policies are outlined on the Summer Session website. Decisions regarding Summer Session drops are based on similar criteria.

Full regulations are outlined under "Adding or Dropping Courses" in the UConn Undergraduate Catalog.

Documentation

Documentation is required to support a drop request. If a drop is requested for medical reasons, a student must obtain a statement from University Health Services or a personal physician. University Health Services will prepare a statement following receipt of the attached request form. A personal physician's statement must be prepared on office letterhead, must include dates and a description of the illness, and must be signed by the physician. If a drop is requested for non-medical reasons, additional materials may be required.

Procedures for Dropping Courses

1. Complete this form and obtain the required documentation to support your request.
2. Schedule an appointment with your advisor. If your advisor recommends dropping the course, he/she must complete the Advisor's section of this form and sign a completed Schedule Revision Request card. **Your request will not be considered without the approval of your advisor.**
3. Bring this form and the completed Schedule Revision Request card to Room 211, W. B. Young Building. Our Office will schedule an appointment for you and/or have the request reviewed by the Drop Committee.

**PLEASE NOTE**

- This form is only needed when you are submitting medical documentation to support your request.
- Detach this page from the late drop form and submit it to the Department of Health Services.
- Allow three days for processing.

REQUEST FOR RELEASE OF MEDICAL INFORMATION

to the

COLLEGE OF AGRICULTURE AND NATURAL RESOURCES

RATCLIFFE HICKS SCHOOL OF AGRICULTURE

I, \_\_\_\_\_ authorize the University of Connecticut Department of Health Services to release medical information which is relevant in making a determination regarding my request for a late drop. The time period in question is as follows

\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student I.D. Number (PeopleSoft #)

\_\_\_\_\_  
Daytime Phone Number

**For Department of Health Services Only**

If you have questions, please call: Office of Academic Programs, CANR/RHSA  
Associate Dean's Office, 486-2919

Information should be sent directly to: Office of Academic Programs, CANR/RHSA  
Associate Dean's Office  
1376 Storrs Road, Unit 4090  
Storrs, CT 06269-4090  
Fax: (860) 486-4643

\_\_\_\_\_  
Student's Name (print)

\_\_\_\_\_  
Student I.D. (PeopleSoft #)

Course to be Dropped

\_\_\_\_\_  
Dept.

\_\_\_\_\_  
Course #

\_\_\_\_\_  
Sect.

\_\_\_\_\_  
Title

STUDENT'S REASON FOR DROP REQUEST:

Medical statement will be submitted. Yes \_\_\_\_\_ No \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

ADVISOR'S COMMENTS:

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_