



THE OHIO STATE UNIVERSITY

COLLEGE OF FOOD, AGRICULTURAL, AND ENVIRONMENTAL SCIENCES

Undergraduate Student Services
Registration/Retroactive/Re-Add Petition Form

Name _____	
Email: _____	Phone: _____
Are you a: (check all that apply)	
<input type="checkbox"/> Graduating Senior? Semester and Year <input type="checkbox"/> Honors? <input type="checkbox"/> Scholars? <input type="checkbox"/> Student Athlete? (SASSO letter included)	

I am using this form to (Check box next to request):

	Request	Applicable Situation	Examples	Information to Include in letter	Supporting Document Examples
<input type="checkbox"/>	Drop <input type="checkbox"/> A course(s) or <input type="checkbox"/> ALL classes after the tenth Friday of classes	Circumstances beyond your control prevented your attendance or participation in class (lack of preparation, dissatisfaction and performance are not acceptable reasons for drop/withdrawal)	Death in the family; Personal or Family Illness; Accident; Unexpected military leave	Explain why you did not drop before the tenth Friday	Obituary; Doctor's note; Police report; letter from Professor stating your last day of Participation/attendance in class; Provide performance in course as well as performance in other courses taken in the same term; Letter from University official
<input type="checkbox"/>	Retroactively Withdraw from <input type="checkbox"/> A course(s) or <input type="checkbox"/> ALL classes			Explain why a retroactive withdrawal is warranted	
<input type="checkbox"/>	Retroactively re-add class(es) that were dropped	Circumstances beyond your control prevented you from paying term fees	University Error; Medical Issues, Military, including GI Bill	Explain why fees were not paid or reason for drop and when fees will be paid	Letter from professor stating attendance record, fee information documentation, etc.

List courses you would like to drop/re-add:

Term/Year	Department	Course number	Class number	Instructor

Check all that apply:

<input type="checkbox"/>	I have talked with a CFAES Academic Advisor prior to submitting this petition (Advisor initials _____)
<input type="checkbox"/>	I am aware that I am responsible for checking with financial aid, scholarships, loans, housing, etc. that may be affected by my need/decision to drop, withdraw, re-add a course(s).
<input type="checkbox"/>	I have attached a letter explaining my situation and what prevented me from meeting the university deadline and provided proper documentation (i.e. Doctor's note, obituary, etc) for my situation.

Submit this petition form, your letter of explanation, and supporting documentation to the CFAES Undergraduate College Office, 100 Ag. Admin. Bldg., 2120 Fyffe Road, Columbus, OH 43210.

Student Signature _____ Date _____

Designee Signature _____ Date _____ Approved Not Approved

Comments: