

Please Note: Late requests are reviewed by the Committee on Academic Standing. Extenuating circumstances must be serious and be clearly stated in your application.

TERM: _____ **20**_____ **Skidmore ID#:** _____ **Name:** _____

Class Year: _____ **PHONE:** _____ **EMAIL:** _____

ADD:

CRN	Course#	Sec #	Title	Print Instructor's Name
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_____ I have been attending this course since the beginning of the term.

_____ I began attending this course on (date) _____

_____ I would like to AUDIT this course

_____ I would like to take this course S/U

DROP:

CRN	Course#	Sec #	Title	Print Instructor's Name
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_____ I have never attended this course.

_____ I stopped attending this course on (date) _____

REASON FOR LATE REQUEST (Why is this late?):

SIGNATURES OF SUPPORT ARE REQUIRED:

_____ Student Signature Date

_____ Instructor of Added Course Date

_____ Instructor of Dropped Course Date

_____ Faculty Advisor Date

FOR USE OF COMMITTEE ON ACADEMIC STANDING ONLY

Date:_____ Approved:_____ Denied:_____ Notified Student:_____ Minutes:_____

Overload "R" _____ Student Acct's:_____ Minutes:_____ Update Student Record:_____