

Late Course Add Petition

Please return to:

The Office of Academic Services

211 Administration Building  
Hours: Monday-Friday 7:30am-4:30 pm

Phone: (615) 322-8400  
Fax: (615) 322-8401

**Student Information** *(all fields required):*

**Full Name:** \_\_\_\_\_ **Student ID #** *(e.g. 000162030):* \_\_\_\_\_

**Classification:** Undergraduate Y/N Freshman\_\_\_ Sophomore\_\_\_ Junior\_\_\_ Senior\_\_\_  
Professional Y/N

**Anticipated Date of Graduation:** (Month) Aug\_\_\_ Dec\_\_\_ May\_\_\_ (Year) 20\_\_\_

**Major:** \_\_\_\_\_ **Program/Track(s):** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**VU Email Address:** \_\_\_\_\_

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*Under exceptional circumstances and with good justification, schedule modifications past the change period may be authorized. Such changes will require the approval of the instructor and the Peabody Assistant Dean for Academic Services. This form is to be used in conjunction with the Drop/Add form. You will be notified if your request is approved.*

**Course Information:**

<i>Department</i>	<i>Number-Section</i>	<i>Title</i>	<i>Hours</i>	<i>Instructor</i>
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Explanation of justification for a late course change action:

**For the Instructor to Complete:**

Has the student been attending the class? Y / N

If yes, since what date? \_\_\_\_\_

Is it possible for the student to make up missed work? Y / N

Is the course currently closed? Y / N

*Signatures assert that the student is requesting permission to be added into a course past the change period and that the instructor approved this request.*

\_\_\_\_\_  
Student's Name & Signature Date

\_\_\_\_\_  
Instructor's Name & Signature Date

**OAS Use Only**

\_\_\_\_\_  
OAS Signature Date