Emergency Withdrawal Instructor Form

Name: ___________________________________ UCO ID: ____________________

Course Prefix and Number: ______________ CRN: __________________ Semester: ____________

I understand that if my emergency withdrawal request is not approved, my original grade will remain. Poor academic performance or lack of deadline awareness cannot be used as a rationale for the request.

Student Signature: __________________________________________ Date: ___________________

*A separate instructor form is required for each CRN under consideration.

YOU MUST CONTINUE TO ATTEND CLASS IN THE EVENT YOUR PETITION IS NOT APPROVED

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS REGARDING THIS REQUEST

Student's Signature: ___________________________ Date: ____________________

THIS PORTION TO BE COMPLETED BY FACULTY

Instructions:

The deadline to drop or withdraw from courses is the end of the eleventh (11th) week of a 16-week class (classes of shorter duration will have individually determined deadlines). The above student has requested an Emergency Withdrawal after this deadline due to a catastrophic event.

Please indicate this student's academic standing in your class as of the last date the student attended class. By completing and signing this petition, you are not approving or denying the petition as this form will be used in consideration along with the completed request submitted to the committee by the student.

When assigning grades via the web, the student will show up as still registered in your class if the emergency withdrawal has been denied, or if processing is incomplete. In the case, you must assign a letter grade (not a "W") on the final grade report.

Please complete the following information:

☐ This student never attended my class

☐ This student was passing as of _______ (Last day attended)

☐ This student was failing as of _______ (Last day attended)

Instructor Name (Print): ____________________________________________________________

Instructor Signature and Date: __________________________________________________________