

LATE DROP CREDIT PETITION

The Late Drop Credit Petition is intended for students who stopped attending a course this semester prior to the refund date but did not drop the course by the refund date and wish to have the charges for the course credited back to their account.

BOTH OF THE FOLLOWING CONDITIONS MUST BE MET TO BE ELIGIBLE FOR THE CREDIT:

- 1. THE COURSE MUST NOT HAVE ENDED AND THE INSTRUCTOR MUST NOT HAVE ISSUED A GRADE FOR THE COURSE.** If the course had ended and/or the instructor has issued a grade, the instructor must submit a Change of Grade Form, with last date of attendance, instead of a Late Drop Credit Petition.
- 2. THE STUDENT MUST HAVE STOPPED ATTENDING PRIOR TO THE REFUND DATE. FOR TERM LENGTH COURSES, IT IS THE END OF THE SECOND WEEK OF THE SEMESTER. THE REFUND DATE IS PRINTED AT THE TOP OF EACH CLASS ROSTER.** If the student has attended beyond the refund date, they are not eligible for a refund except for verified medical situations. Medical appeals are made through the Business Office.

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INSTRUCTIONS FOR THE STUDENT

- 1. COMPLETELY FILL OUT THE TOP PORTION OF THE LATE DROP CREDIT PETITION.**
- 2. TAKE THE PETITION TO THE INSTRUCTOR.** The Office of Admissions and Records will not be able to contact the instructor - you must do this yourself.
- 3. HAVE THE INSTRUCTOR COMPLETELY FILL OUT THE MIDDLE SECTION OF THE FORM. MAKE SURE THE LAST DATE OF ATTENDANCE IS FILLED IN.**
- 4. RETURN THE COMPLETED LATE DROP CREDIT PETITION TO THE OFFICE OF ADMISSIONS AND RECORDS, IN PERSON, ON MONDAY AND THURSDAY FROM 9:00 TO 11:00 AM.**
- 5. MAKE SURE THE PETITION IS COMPLETELY FILLED OUT. WE WILL NOT BE ABLE TO PROCESS INCOMPLETE PETITIONS.**

For more information concerning the Late Drop Credit Petition, contact Carole Gish (530) 895-2936.

LATE DROP CREDIT PETITION

Date: _____ Semester: _____
Name: _____ Student ID# _____
Address: _____ SS#: _____
City: _____ State: _____ Zip: _____ Phone #: _____

EXPLANATION: State your request completely, giving all background information necessary.

TO BE COMPLETED BY INSTRUCTOR:

Semester: _____ Class Control # _____ Last Day of Attendance: _____
Instructor Signature: _____ Date: _____

Return to Carole Gish, Admissions & Records Office (530) 895-2936

TO BE COMPLETED BY ADMISSIONS & RECORDS

Recommendation/Action: _____
Approved by: _____ Date: _____