

Request for Permission to Drop a Required Course



This form is to be used by a School of Pharmacy student who wishes to drop a required course **at any time**. The student should complete this form in consultation with his/her advisor. The student may not make a change to his/her schedule of required courses unless permission has been granted by the Associate Dean of Academic Affairs (see <https://students.pharmacy.wisc.edu/pharmd-handbook/student-promotion-policies-and-procedures/>) for PharmD program and <https://students.pharmacy.wisc.edu/pharm-tox-handbook/adding-dropping-courses/> for PharmTox program).

This form will be forwarded by the advisor to the Associate Dean for discussion and review. Depending on the circumstances, the advisor may meet with the student and the Associate Dean to discuss the situation. The course instructor also will be consulted about the student's situation. The student may be required to meet with the Student Promotion and Academic Review Committee if dropping the course results in an extension of his/her academic program.

Student's Name: _____

ID Number: _____ E-mail Address: _____

Student Level (circle one): DPH-1 DPH-2 DPH-3 DPH-4 TOX

Semester/Year Fall 20____ Spring 20____ Summer 20____

Course Number & Title	Administrative Action	Instructor Comments

(office use)

Student's signature: _____ Date: _____

Advisor's signature: _____ Date: _____

Associate Dean's signature: _____ Date: _____