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/).

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

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

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<tr>
<th>Course Number &amp; Title</th>
<th>Administrative Action</th>
<th>Instructor Comments</th>
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(office use)

Student's signature: _______________________________ Date: __________

Advisor's signature: _______________________________ Date: __________

Associate Dean's signature: _______________________________ Date: __________

Updated 1/19