UNIVERSITY of VIRGINIA
COLLEGE OF ARTS & SCIENCES

LATE SCHEDULE CORRECTION REQUEST

Last Name	
First Name	
U.Va. ID #	
U.Va. email	
Academic Year	◯ First ◯ Second ◯ Third ◯ Fourth

Association: Are you or were you ever an

☐ Echols Scholar ☐ Student Athlete

☐ Transfer Student ☐ Visiting International

If none of the above, what was your first-year residence hall? _____

COURSE INFORMATION

Class Number (5 digits)	Subject Area	Course # (4 digits)	Class Section	Course Title	Variable Credit	Grading Option (check ONE)		
						Grade	Audit	CR/NC
						◯	◯	◯
						◯	◯	◯

Semester in which course was taken: ◯ Fall 20___ ◯ Spring 20___ ◯ Other _____

Action Requested (check ONE)**:**

◯ WITHDRAW: student missed both the drop and withdraw deadlines but NEVER ATTENDED the class

◯ ADD: student attended the class since the beginning of the semester, but does not appear on official roster

◯ OTHER: (State briefly; attach detailed explanation.) _____

Instructor's Approval Required:

_____

INSTRUCTOR SIGNATURE DATE

Number of credits you will be enrolled in <u>after</u> above action: _____

(This form cannot be used to request to carry fewer than 12 or more than 17 credits. You will need an additional form to request a course load exception.)

Attach a copy of your unofficial transcript (print from SIS).

IMPORTANT NOTICE: Students are responsible for choosing courses in accordance with College policies, for knowing College deadlines and for maintaining the accuracy of their University Records. **This includes verifying the accuracy of their enrollments** before the ADD, DROP, and WITHDRAW deadlines of each semester.

THERE IS AN ENROLLMENT PENALTY for making changes to your enrollments after the applicable deadline. You will be among the LAST students to enroll in classes for next semester. (Or the following semester, if request comes less than two weeks before the next enrollment period begins.) If extenuating circumstances prevented you from making this enrollment change before the deadline, such that you believe the penalty should be waived in your case, attach a statement of appeal explaining these circumstances and requesting a waiver of the penalty, for consideration by the Late Schedule Correction Committee. To forego the requested change unless your appeal is successful, check the box below. Your signature below indicates that you have read and understood this notice.

☐ Do not make the requested enrollment change if the penalty will apply.

_____

STUDENT SIGNATURE DATE

OFFICE USE ONLY

Review Date: _____

Decision: ☐ course added ☐ course deleted ☐ W assigned ☐ other _____ ☐ DENIED

Penalty: ☐ applied ☐ waived ☐ N/A _____ Decision recorded: _____

Process: ☐ enrollment changed in SIS ☐ GCF to UREG Processing Date: _____

Notified: ☐ student emailed Notification Date: _____