

COLLEGE OF ENGINEERING
STUDENT PETITION
(PLEASE PRINT)

LATE DROP

Taking Course(s) Outside of UIC

OTHER

NAME: _____

UIN: _____

ADDRESS: _____

PHONE: _____

ADDRESS2: _____

MAJOR: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

ATTACH ANY NECESSARY DOCUMENTATION

I request _____

Continue on other side if necessary

STUDENT SIGNATURE: _____

DATE: _____

INSTRUCTOR OR DEPARTMENT PERMISSION (if necessary) _____

DO NOT WRITE BELOW THESE LINES

DEANS ACTION:

Approved

Deny

Please Clarify

Must submit additional information

COMMENTS: _____

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