

REQUEST TO ADD A COURSE OR CHANGE GRADE MODE **AFTER DEADLINE**

Last 4 digits of Student ID	Last Name:	First Name:							
VT Email:	Major:	College:							
Cell Phone:	Academic Level: FR SO JR	SR							
Department & Course Number:	CRN:	Course Term:							
Add a course after the deadline (ir IMPORTANT: I understand that I am resp	nstructor's signature required) onsible for completing all required coursewo	ork if the late add is approved							
☐ Change grade option from A-F to I	P/F after the deadline								
Change grade option from P/F to A-F after the deadline									
Change grade option to/from Audit after the deadline (instructor's signature required)									
Reason for Request: Please provide information on why you are requesting an exception to published university policy. Only exceptional circumstances beyond the student's control will be considered. Associate Dean's approval is required. You may attach a second page, if necessary. *Requests cannot be processed if there is a hold on your account.									
I understand the implications this request may have program, international student requirements, NCAA certify that the above information provided is correct	policies/regulations, and/or other university aca	ndemic requirements, services, or programs. I							
Student Signature:	Dat	e:							



Review for the Instructor

Please do not complete this form before the student has completed their portion of the form. No decision on this request will be made until your information is included. This form in no way represents a request by the Dean's office for you to approve a late add or grade option change.

Instructor Review for Request to Add a Course After the Deadline

Has the student missed any deadlines?	Yes	No			
Has the student missed any tests?	Yes	No			
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Other Comments:					
Instructor's name_		Instructor's Phone			
		<u> </u>			
Instructor's VT Email					
As the instructor of record for this course, I approve	e this request for a	a late add Yes		No	
					
Instructor's Signature					
Instructor Review for Request to Change	Grade Option	After the Deadline			
Has the student discussed the request for a late g	rade option chan	ge with you?	Yes	No	
Do you recommend a late grade option change f	or this student?		Yes	No	
Other Comments:					
Instructor's name		Instructor's Phone_			
Instructor's VT Email					
As the instructor of record for this course, I approve	e this request for a	a late grade option chan	ge	Yes	No
Instructor's Signature					



Student's Advisor or Departme	ent Head:		
Decision: Approved	Denied		
Name:		Email:	-
Departmental Signature:		Date:	_
Review of the Associate Dean	<u>:</u>		
Decision: Approved	Denied		
Associate Dean Signature:		Date:	
Date Received:	Date Processed:	Processed by:	_
Date Notified:	_		