

# Late Course Drop

## Waiver of Regulation 1(e)

Please print NEATLY. Please ensure ALL sections of the form are completed.

Submit to:  
[gse.apc@queensu.ca](mailto:gse.apc@queensu.ca)

Personal Information	Surname:	Given Name:	Student Number:
	Current Year of Study:	Program:	Option (if applicable):
	Queen's Email Address:	Student Signature:	Date:

Personal information collected on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected on this form may be retained in the student's file, will be used to process this request, and will be shared with Queen's personnel who need the information to perform their duties. If you have any questions about the information collected or how it will be used, please contact the Freedom of Information and Protection of Privacy Coordinator, Smith Engineering, Beamish-Munro Hall, Rm 300, or phone 613-533-2055.

**Regulation 1 (e)** Withdrawal from a course after the prescribed deadline to drop without faculty permission requires the approval of the Undergraduate Chair and the Smith Engineering Faculty Board Committee, and will only be permitted in exceptional circumstances that would prevent the student from dropping the course within the prescribed deadline. Withdrawals such as these will be indicated on the student's transcript by the designation DR (see Regulation 3h). Requests to drop a course must be submitted within one year of the end of the term in which the class was offered.

Course:	Term:	Course Instructor Name:

The late drop of courses is generally approved only if there are valid extenuating circumstances supported by official documentation.

**Please attach official documentation when you submit this request form.** All documentation must include your name, be dated, and include a clear timeline of the circumstance and its impact on your ability to engage in academics. See examples below.

- *Medical Extenuating Circumstances:* Note from a health care professional; [Verification of Extenuating Circumstances Form](#) completed by a medical professional; hospital discharge paperwork showing your name, date of visit, and recovery timeline
- *Other Extenuating Circumstances:* Note from a professional (i.e. social worker, counsellor, occupational therapist); [Verification of Extenuating Circumstances Form](#) completed by a counsellor, Wellness Advisor, or medical professional; obituary or death certificate; accident report or police report; a court order

Please state the reasons you wish to drop this course or courses after the drop deadline:

**Undergraduate Chair:** Do you support this request?  Yes  No

**NOTE:** Approval assumes that supporting documentation of the extenuating circumstances is available in the Faculty Office.

Signature of Undergraduate Chair:

Date:

For Faculty Office Use Only	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments:
	APC Chair Signature:	
	Date:	