**Notice of Petition / Request for the College of Education & Human Development**

Dear Course Instructor,

The attached form is being sent to you because a College of Education student in your current, or former, course has requested “academic forgiveness” or a “complete late withdrawal.” Your input is essential for the review process. Please complete the instructor section below and return to Julie Thum at julie.thum@louisville.edu or fax at (502) 852-1465 Attn: Julie Thum.

**Student Name: Student ID#:\_\_ \_\_\_\_\_**

**Student is asking for: Academic Forgiveness: \_\_\_**  **Complete Late Withdrawal: \_\_\_**

**Course Department: \_\_\_\_\_\_\_ Course #:\_\_\_\_ Section: \_\_\_\_**

**Semester enrolled in the course (ex. F’15, S’16, U’160): \_\_\_\_\_\_\_**

**Course Instructor: \_\_\_\_\_\_\_\_\_\_**

**To be completed by the instructor:**

1. **Did the student attend your course?**

**YES or NO (if NO, please skip to question #6)**

1. **Did the student make arrangements with you to make up any work missed?**

**YES or NO**

1. **When did the student stop attending your course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Did the student take any exams / quizzes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **What is the student’s grade in your course, or what was it when he / she stopped attending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **When did the student first approach you about this petition? \_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional comments, if needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**