

College of \_\_\_\_\_

**Advisement for Academic Relief**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

ID#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Specify semester for requested academic relief: \_\_\_\_\_

I am requesting the following academic relief through the Academic Relief Committee.

Withdrawal \_\_\_\_\_  
Incomplete \_\_\_\_\_  
Specific Course Drops \_\_\_\_\_  
Other \_\_\_\_\_

List Course name, number, and Semester (e.g. Math 1526 Fall XXXX):

Course Drops	_____	Incompletes	_____	Semester	_____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____

I understand that the Academic Relief Committee will keep all personal/medical information confidential and that information will not be shared or discussed with academic officials.

Student \_\_\_\_\_ Date \_\_\_\_\_  
Signature

I have reviewed the student's request and have the following comments regarding his/her requested academic relief and its effect on the student's academic future:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Associate Dean \_\_\_\_\_ Date \_\_\_\_\_  
Signature

If you are an **Undergraduate International student** you need to obtain a signature from the Cranwell International Center. If you are a **Graduate International student** you need to obtain a signature from an international advisor at the Graduate School.

\_\_\_\_\_  
Signature Date

**Return form to the Cook Counseling Center  
240 McComas Hall to begin application for Academic Relief**