

# Change of Schedule & Drop Exception Appeal Request

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OFFICE OF DUAL CREDIT

## POLICY

Exceptions to allow for a change of schedule or drop after the scheduled deadline are issued to students who have an overwhelming, unforeseen circumstance which significantly impeded their ability to register for or meet the course(s) requirements. Upon receiving the appeal and supporting documentation, a committee will review the request and make the decision either approving or denying the request. In some instances, the committee may request clarifying information before a decision is made. The results of the decision will be communicated to the applicant. Deadlines for submitting appeals:

- \* Change of Schedule-must be submitted during the current academic term.
- \* Drop exception-must be submitted within 30 days after the last day of the dual credit course.

## **INSTRUCTIONS** (All documentation must be typed or clearly printed in black or blue ink)

1. Complete the Change of schedule/drop exception appeal request form.
2. Attach on a separate paper, a written formal appeal letter describing your reason(s) and justification for this appeal. Please be specific when describing your extenuating circumstance(s). Include dates and supporting documentation that you have.
3. Submit the completed form, formal appeal letter, and supporting documentation to the Office of Dual Credit by email ([DualCredit@Missouristate.edu](mailto:DualCredit@Missouristate.edu)) or mail.
4. A response to this appeal will be sent by email to the applicant.

Student Name: \_\_\_\_\_ M# \_\_\_\_\_  
Last Name First Name MI

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Semester and Year of Class(es): Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ High School  
YEAR YEAR YEAR

Course(s) for which the appeal is being requested:

	CRN	Subject	Course Number	Section Number	Course Title	Credit Hours
1						
2						
3						
4						
5						
6						

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## **EXAMPLES OF ACCEPTABLE SUPPORTING DOCUMENTATION**

**A letter from the HS counselor and/or instructor to include the following** (depending upon the circumstance)

- supporting information for granting the request for an exception exception (i.e. moved, illness, late drop, incomplete, etc)
- evidence or an error or break in the registration workflow
- provide verification of the last day the student was seated/attended the class.
- other pertinent information that supports why the student was unable to meet the registration and/or academic commitments of the course.

**Documentation must provide a date (or dates) that can confirm the time frame for which the appeal has been submitted.**

## **OFFICE USE ONLY:**

- Appeal exception granted
- Appeal exception denied \_\_\_\_\_

Processed By \_\_\_\_\_ Date \_\_\_\_\_ Date Decision email Sent \_\_\_\_\_