



DODGE FAMILY
COLLEGE OF ARTS AND SCIENCES
The UNIVERSITY of OKLAHOMA

Ellison Hall, Room 124
633 Elm Avenue
Norman, OK 73019-3118
Phone 405-325-4411

PETITION TO ADJUST COURSE CREDIT HOURS

Please print clearly

Full Name: _____

Sooner ID#: _____

Address: _____

Major: _____

City/State/Zip: _____

Classification: _____

Phone #: _____

Expected Date of Graduation: _____

Email: _____

Use this form *to correct the number of variable credit hours for a course you are/were enrolled in*. To correct the credit hours, you must **first withdraw** from the course, **then re-add** the course with the corrected hours. In most cases, they are the same course and section #. Please fill out this form completely according to the following steps:

Fill out top portion and the student section below, including your explanation for this request. Have your Instructor fill out Instructor section below. **Your instructors signature below is necessary to approve the correction**. Permission can also be in the form of an email from the instructor approving the change **but must include the course # and corrected credit hours**. Write a brief explanation for this request.

STUDENT TO COMPLETE THIS SECTION:

(*Course and Section #'s are the same on both withdrawal and add in most cases.)

*Please allow me to **WITHDRAW** from the following course for the (circle one) spring, summer, fall semester for (year): _____

WITHDRAW Course #: _____ **Section:** _____ **Current credit hours:** _____

*Please allow me to **ADD** the following course for the (circle one) spring, summer, fall semester for (year): _____

ADD Course #: _____ **Section:** _____ **Corrected credit hours:** _____

Briefly explain your reason for this request and sign below:

Student's Signature: _____ Date: _____

TO BE COMPLETED BY INSTRUCTOR:

This student is requesting to have their credit hours corrected on the above-named course. The student's request will not be approved without your verification. Please ensure all information is correct before signing.

Instructor's Signature: _____ Date: _____

Print Name: _____ Email Address: _____

Return this form *with instructor's signature, (or email permission)* to the Dodge Family College of Arts and Sciences, Ellison Hall, Room 124, or by email to casforms@ou.edu. All documents must be submitted at the same time or your petition may not be accepted for consideration.

FOR OFFICE USE ONLY (Do not write in this section)

Action by the College: _____ Approved _____ Denied

Signature : _____ Date : _____

Comments :