



DROP REQUEST FORM

**INSTRUCTIONS: IF YOU INTEND TO DROP ALL COURSES THIS SEMESTER, DO NOT USE THIS FORM.
YOU MUST COMPLETE A WITHDRAWAL FORM WITH AN ACADEMIC ADVISOR.**

Student must obtain Faculty OR Advisor signature.*

Refer to the [Academic Calendar](#) or [Add/Drop Courses](#) for information on the last day to add a course.

Please complete form, sign, date, and obtain the required signature.

STUDENT ID#: 7 7 0 0 **NAME** (LAST, FIRST, MIDDLE): _____

TERM: _____ **and YEAR:** _____ **SIGNATURE:** _____
By signing my name above, I confirm I am the individual. DATE:(MM/DD/YY)

DO YOU RECEIVE VETERAN EDUCATION BENEFITS? YES NO

DROP	Course Subject/ Number	Course Title	Credits	CRN	Faculty Signature	OR*	Advisor Signature	

For Office Use Only

Initials: _____ Date: _____

SIGNATURE OF DIVISION/DEPARTMENT DIRECTOR

DATE