



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 web page for information on the last day to drop a course.

PLEASE COMPLETE FORM AND OBTAIN REQUIRED SIGNATURE

STUDENT ID#: 7 7 0 0

NAME (LAST, FIRST, MIDDLE):

TERM: (SPRING, SUMMER, or FALL)

YEAR:

SIGNATURE: By signing my name above, I confirm that 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

OFFICE USE ONLY

Initials: Date:

SIGNATURE OF DIVISION/DEPARTMENT DIRECTOR DATE