

Initials: _____ Date: ____

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 IN EAST END ADVISING, ROOM 119 ON THE DONALDSON CAMPUS.

Student must obtain Faculty OR Advisor signature.*

A \$10.00 processing fee (per transaction/form) begins on the 16th instructional day for DROPS. Refer to the Student Guide or <u>www.helenacollege.edu</u> for information on the last day to drop a course.

STUDENT ID#:	7 7 0 0 AND YEAR:			NAME (LAST, FIRST, MIDDLE): SIGNATURE:		
TERM:						
SPR	SPRING, SUMMER, OR FALL (Circle one)					DATE
Course Subject/ Number	Course Title	Credits	CRN	Faculty Signature	OR*	Advisor Signature
Number						
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Updated 10/28/2	2020
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