

## Form for Dropping a Course

Please fully complete and return to the Registrar.

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Semester \_\_\_\_\_ Year \_\_\_\_\_

Course Number \_\_\_\_\_

Course Title \_\_\_\_\_

Instructor Name \_\_\_\_\_

**Reason for dropping course:**

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Associate Dean

\_\_\_\_\_

Instructor Signature

\_\_\_\_\_

VP of Operations

Cc: ADVISOR