



REQUEST TO DROP A CLASS DURING ADD/DROP PERIOD

Note: A change in registration fee will be charged (see page 34 of the Academic Catalog)

Student Name: _____ Date of Drop: _____

Class: _____ # credits: _____

Class: _____ # credits: _____

Class: _____ # credits: _____

Signatures:

Student: _____

Academic Advisor: _____

Registrar: _____

Official Use Only:

Financial Aid Director:

The Following student _____ has dropped _____ on _____.
He/she should be charged for _____ credits.

Business Manager:

The Following student _____ has dropped _____ on _____.
He/she should be charged for _____ credits. Change in Registration fee: _____

Instructor:

The Following student _____ has dropped _____ on _____.