Drop Request Form

<table>
<thead>
<tr>
<th>Department</th>
<th>Course No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name</td>
<td>Page#</td>
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<tr>
<td>Student Number</td>
<td>Course No</td>
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<tr>
<td>LDA</td>
<td>Page#</td>
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<tr>
<td>WP or WF</td>
<td>Course No</td>
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<td>Page#</td>
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</tbody>
</table>

NOTE: If within weeks 3-8 you must indicate whether the student was passing (W/P) or failing (W/F) at the time of the drop. You must always indicate the last date of attendance. Classes cannot be dropped after 75% of the term is complete.

Instructor:

Signature: ____________________________________________________________

Comments: ____________________________________________________________

______________________________________________________________

______________________________________________________________

Departmental Dean:

Signature: ____________________________________________________________

Comments: ____________________________________________________________

______________________________________________________________

______________________________________________________________

Dean of Academics:

Signature: ____________________________________________________________

Comments: ____________________________________________________________

______________________________________________________________

______________________________________________________________

Received by Student Services:

Signature: ____________________________________________________________