

LATE DROP FORM

Student's Name _____
Last First Middle Initial

Banner ID _____

_____ **Course Prefix** **Course Number** **Section Number**
(RM, PE, ES, TEC, etc.) (not call number)

For _____ Semester of _____ (Year)

Extenuating Reason for drop:

Signatures must be obtained in the order listed:

Student's Signature Date

Instructor's Signature Date

Associate Dean's Signature Date

Drops for previous semesters must be taken by the student to the Registrar's Office (Room 109 of the John E. Thomas Building)

<p>Dean's Office Use Only:</p> <p>_____ Drop is to be counted as one of the four drops</p> <p>_____ Drop is NOT to be counted as one of the four allotted drops</p>
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