Higher Education Course Drop Form

Student Information

Full Name

Student ID

Email

Major/Program

Phone Number

Course to Drop

Course Code

Course Title

Section

Instructor Name

Drop Request Date

Reason for Dropping

ACKNOWLEDGEMENT

I understand the academic and financial consequences for dropping this course as per institutional policy.

_____

Student Signature

Date

For Office Use Only

_____

Advisor/Registrar Signature

Date

Notes