Late Drop Form

Student ID # _________________________  Student Name: __________________________________

Dropping this course may affect your financial aid. Please contact the Student Financial Aid Office.

<table>
<thead>
<tr>
<th>SEMESTER/YEAR</th>
<th>SUBJECT</th>
<th>CATALOG#</th>
<th>SECTION</th>
<th>CLASS NUMBER</th>
<th>COURSE TITLE</th>
<th>CR. HRS</th>
<th>AUDIT?</th>
</tr>
</thead>
</table>

Reason for Drop: ________________________________________________________________

Student Signature: __________________________________ Date: ________________

The above student is withdrawing from your class. Please indicate the student final grade below

[ ] EXCUSED  [ ] EXCUSED FAILING

Instructor Signature: __________________________________ Date: ________________

If Applicable:
Deans Signature __________________________________ Date: ________________