

# UMSL Late Drop Form

Please return this completed form to:  
 Registration 269 Millennium Student Center  
 \*\* For Engineering and Nursing Students, please submit this form to your academic unit or obtain the approval below.

Student ID # \_\_\_\_\_ Student Name: \_\_\_\_\_ Academic Program: \_\_\_\_\_

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

SEMESTER/ YEAR	SUBJECT	CATALOG#	SECTION	CLASS NUMBER	COURSE TITLE	CR. HRS	AUDIT?

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

\_\_\_\_\_  
 \*\*Department Approval (for Nursing & Engineering)

If Applicable:

Deans Signature \_\_\_\_\_ Date: \_\_\_\_\_

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