Late Drop Form

Student ID # ___________________ Student Name: ____________________________ Academic Program: _______

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>
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<tbody>
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Reason for Drop: ________________________________________________________________

Student Signature: ____________________________________________ Date: ________________

The above student is withdrawing from your class. Please indicate the student final grade below
[ ] EXCUSED [ ] EXCUSED FAILING

_________________________________ Date: ________________

Instructor Signature ________________________________ **Department Approval (for Nursing & Engineering)

If Applicable:
Deans Signature __________________________________ Date: ________________

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.