



# LATE DROP REQUEST

Office of the Registrar

Student Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Requesting to Drop (Course # and Section): \_\_\_\_\_

**Dropping courses past the approved deadline is generally granted only when there are valid extenuating circumstances. Please state the reasons you wish to drop the course(s).**

---

---

---

---

---

---

---

---

---

---

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Valid Reasons**

- Medical emergency
- Family emergency
- Mental health emergency or problem
- Severe personal problem or situation
- Other significant disruption of your semester

**Invalid Reasons**

- Not doing well in the class
- This class will lower your gpa
- Cannot keep up with the workload
- Don't understand the material
- Don't like the instructor

**ACTION ON REQUEST:**     Approved     Denied

Associate Provost Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Office of the Registrar who will advise student of decision.

Student Contacted By: \_\_\_\_\_ Date: \_\_\_\_\_

Phone     Email     Other: \_\_\_\_\_