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**

Dean of School 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: _____

Return to Office of the Registrar
Phone: 330-471-8128 ◆ Fax: 330-471-8661 ◆ Email: registrar@malone.edu
Mail: Office of the Registrar, Malone University, 2600 Cleveland Ave. NW, Canton, OH 44709