Administrative/Instructor Drop Request

Please complete all areas

Student ID: ____________________ Last Name: ____________________ First: ____________________ M: ______

Course Abbr.: ___________ No.: _______ Sect. _______ Semester: ___________ Year: ___________

Instructor’s Name: _________________ Grade: ___________ Last Date of Attendance: ___________

I hereby request that the above named student be dropped from this class for the following reason:

☐ Excessive absences (six hours or more of instruction during the semester) How many classes? _____

☐ Failure to complete multiple assignment and unlikely to pass the course.

☐ Disciplinary reason(s).

☐ Other: ____________________________ Methods of contact or intervention with this student attempted: _____

Instructor’s Signature: __________________________ Date: __________________________

Counseling Department Section

Comment(s):

Pell Grant: ☐ Yes ☐ No

Any other financial aid: __________________________

Receives Veterans or Social Security benefits? ☐ Yes ☐ No

Submitted to Registrar on ____________

Counselor Signature __________________________ Date

REGISTRAR’S OFFICE USE:

Date: _______ Initials: _______