

Must have final check stamp
before registrar office processing.

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 or more absences during the semester) How many classes? _____

____ Failure to complete multiple assignment and unlikely to pass course.

____ Disciplinary reason(s).

____ Other: _____

Methods of contact or intervention with this student attempted: _____

Instructor's Signature: _____ Date: _____

Counseling Department Section

Comment(s): _____

Ethnicity: ____ White ____ Hispanic ____ Black ____ Asian ____ Other: _____

First generation student? ____ Yes ____ No 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:

Fee Paid _____ No Fee _____

POSTED:
Class Rolls _____ Fee File _____

Comments: _____