

**Late-Drop from Course**

Term(please select):

Year: \_\_\_\_\_

Major: \_\_\_\_\_

_____	_____	_____	_____	_____
Last Name	First	M.I.	HF ID #	
Dept & Course #	Course Title	Credits	Instructor	Reason
Dept & Course #	Course Title	Credits	Instructor	Reason
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**Student's Signature** \_\_\_\_\_

**Please Note: After the first 2 weeks of School you are fully charged for all classes. If you have any question please contact the Office of Student Accounts.**

**Initial:** \_\_\_\_\_

**Date** \_\_\_\_\_

1. Please be aware that any changes to your schedule may affect your financial aid. Check with the Financial Aid Office to assess your situations.
2. If you will be unable to attend classes next semester, please complete a Leave of Absence Form.
3. Please be aware that not all courses are offered every semester or summer session. Late dropping a class may affect your academic progress or your graduation date.
4. Undergraduate Nursing students must have written permission from their advisor to late-drop classes.

Distribution: Financial Aid Office, Instructor, Office of Student Accounts, School Deans

Office Use Only:

Processed by: \_\_\_\_\_

Date \_\_\_\_\_