

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
_____	_____	_____	_____	_____
Dept & Course #	Course Title	Credits	Instructor	Reason
_____	_____	_____	_____	_____
Dept & Course #	Course Title	Credits	Instructor	Reason
_____	_____	_____	_____	_____
Dept & Course #	Course Title	Credits	Instructor	Reason

Student's Signature _____

Note: After the ADD/DROP period, 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.

Office Use Only:
Processed by: _____
Date _____