



## COURSE LATE DROP REQUEST FORM

---

Student's First & Last Name

Student's SAM ID

Semester and Year

CRN

Course Subject

Course Number

Course Section

Drop **after** census period (**Q-drop**)?

Yes

No

Effective date:

Drop **during** the census period?

Yes

No

Effective date:

Reason for course **Late Drop** request. Please **specify** the student's latest date of engagement in the course (Ex: Last date of attendance, etc.)

**Approval Routing** (This section for authorized users only. Signatures below indicate approval. Form to be routed to Registrar's Office once fully approved by all signers.)

\_\_\_\_\_

Department Chair/School Director

\_\_\_\_\_

College Dean

\_\_\_\_\_

Vice Provost