

DROP CLASS FORM

Questions regarding data collected may be directed to the Registrar. (HB 1922)

(PLEASE PRINT)

| | | | |
|--------------------------------------|---|------------|--|
| Student ID OR Social Security Number | Last Name | First Name | Middle Name |
| Date of Birth | Daytime Telephone Number | | |
| Today's Date | Program <input type="checkbox"/> SPH <input type="checkbox"/> GSBS | | International Student? <input type="checkbox"/> YES <input type="checkbox"/> NO |

Please list all courses you wish to drop.

| Department | Course | Section | Title of Course |
|-------------------|-------------------|------------------|-----------------------------------|
| (EXAMPLE) BACH | (EXAMPLE) 5310 | (EXAMPLE) 001 | (EXAMPLE) Community Assessment |
| | | | |

Instructor Approval

After last day to receive an automatic "W", instructor approval is required.
Please see the [Academic Calendar](#) for details.

Instructor Only: Please Assign a Grade

W (Withdrawal) WF (Withdrawal Failing) _____
Instructor Signature

- It is your responsibility to consult your advisor before dropping any class.
- A class dropped before the census date will not appear on the transcript. A class dropped after the census date will appear on the transcript and be assigned a grade of W or WF.
- Refunds:
 - If the last class of a session (8 week 1, 5 week 1, etc.) is dropped, it is subject to the complete withdrawal refund schedule.
 - If a class is dropped but the student is enrolled in another class during that same session, the student will receive 100% refund if the class is dropped before the census date.
- You cannot drop your only remaining class using this form during a long semester (fall or spring).
 - If all classes are dropped during a long semester, it is considered a complete withdrawal or leave of absence. You must pick up the withdrawal/leave of absence form in person at the Office of the Registrar. SPH online certificate students are exempt from requesting a leave of absence.
- Return this form to the Office of the Registrar.

 Student Signature

 Date

Please allow 24 hours for processing.

For Office Use Only

Date request completed _____