

**COURSE LATE DROP REQUEST FORM**

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Student's First & Last Name

Student's SAM ID

Semester and Year

CRN

Course Subject

Course Number

Course Section

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Drop **after** census period (**Q-drop**)?      Yes      No      Effective date:

Drop **during** the census period?      Yes      No      Effective date:

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

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**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