

DELTA STATE UNIVERSITY DROP FORM

NAME _____
 Telephone Number _____
 Email _____

DSU ID 900 ### ##
900

****Students are responsible for the cost (tuition/fees) of all courses dropped when grades of W/F are in effect. This effective date is published on the academic calendar for each semester.****

CRN	DEPT	COURSE#	SEC	HRS	TIME	DAY	INSTRUCTOR

DROP COURSE
 AFTER GRADES OF
 W/F IN EFFECT
 GRADE WHEN DROPPED
 INSTRUCTOR APPROVAL

Instructor's signature _____

(Please circle) **W** "passing" **F** "failing" Date _____
 Fin. Assist.Ofc.Requires:Last Date of Class Attendance or Participation _____

CRN	DEPT	COURSE#	SEC	HRS	TIME	DAY	INSTRUCTOR

DROP COURSE
 AFTER GRADES OF
 W/F IN EFFECT
 GRADE WHEN DROPPED
 INSTRUCTOR APPROVAL

Instructor's signature _____

(Please circle) **W** "passing" **F** "failing" Date _____
 Fin. Assist.Ofc.Requires:Last Date of Class Attendance or Participation _____

CRN	DEPT	COURSE#	SEC	HRS	TIME	DAY	INSTRUCTOR

DROP COURSE
 AFTER GRADES OF
 W/F IN EFFECT
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 INSTRUCTOR APPROVAL

Instructor's signature _____

(Please circle) **W** "passing" **F** "failing" Date _____
 Fin. Assist.Ofc.Requires:Last Date of Class Attendance or Participation _____

CRN	DEPT	COURSE#	SEC	HRS	TIME	DAY	INSTRUCTOR

DROP COURSE
 AFTER GRADES OF
 W/F IN EFFECT
 GRADE WHEN DROPPED
 INSTRUCTOR APPROVAL

Instructor's signature _____

(Please circle) **W** "passing" **F** "failing" Date _____
 Fin. Assist.Ofc.Requires:Last Date of Class Attendance or Participation _____

- Signatures in Order:**
1. Advisor _____
 2. Dean _____
 3. Registrar _____
 4. Date Received _____

**** Students must submit this document with all required signatures to the Registrar's office within 5 business days of the earliest signature date.**