

# DELTA STATE UNIVERSITY DROP FORM

<b>DSU ID 900 ### ##</b>
900

NAME \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Email \_\_\_\_\_

### DROP COURSE

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

CRN	DEPT	COURSE#	SEC	HRS	TIME	DAY	INSTRUCTOR

**Instructor's signature** \_\_\_\_\_

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

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**Signatures in Order:**

1. **Advisor** \_\_\_\_\_
2. **Dean** \_\_\_\_\_
3. **Registrar** \_\_\_\_\_
4. **Date Received** \_\_\_\_\_