



**DROP COURSE REQUEST**

Date \_\_\_\_\_

I, \_\_\_\_\_, ssn \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_,

wish to DROP course \_\_\_\_\_, section \_\_\_\_\_. *I certify*

*that this is NOT the only course that I am taking for the current semester.*

**This form must be faxed to Denise Stewart, 254-582-7591. I understand that it is my student responsibility to insure that drop requests have been received and to verify that appropriate changes have been made to my schedule.**

Student's Printed Name \_\_\_\_\_

Student Signature \_\_\_\_\_