



Elective Drop/Withdraw Form

- 1. This section must be completed by the student and submitted to the Instructor of Record. Please review the University Course Elective Drop and Withdraw Policy under the Elective Curriculum section in the current University Catalog.**

Student's Name:	<input type="text"/>	Student ID:	<input type="text"/>
Program:	<input type="text"/>	Class Year:	<input type="text"/>
Elective Course Title:	<input type="text"/>		
Credits:	<input type="text"/>	Quarter:	<input type="text"/>
		Year:	<input type="text"/>
Instructor of Record:	<input type="text"/>		

I am requesting to drop/withdraw from the above named course.

Student Signature: _____ Date: _____

- 2. This section must be completed by the instructor of record and submitted to the Associate Dean/Director (only if you approve).**

I approve the request to Drop/Withdraw from the course.

Faculty Signature: _____ Date: _____

- 3. This section must be completed by the Associate Dean/Director and submitted to the University Registrar.**

The student is approved to ☐ **Drop**/ ☐ **Withdraw** from the course (please check one box)

Assoc.
Dean/Director
Signature: _____ Date: _____

- 4. This section must be completed by the Registration and Records**

Student Record has been updated

Signature: _____ Date: _____