

Morthland College

Request to Drop Course Form



Full Name: _____ Date of Birth: ____ / ____ / ____

ID# (if applicable): _____ Today's Date ____ / ____ / ____

COURSE #1

Name of Course and Course Number: _____

Faculty Name: _____ Course Days and Times: _____

Reason for Request to Drop this Course: _____

COURSE #2

Name of Course and Course Number: _____

Faculty Name: _____ Course Days and Times: _____

Reason for Request to Drop this Course: _____

COURSE #3

Name of Course and Course Number: _____

Faculty Name: _____ Course Days and Times: _____

Reason for Request to Drop this Course: _____

By my signature below, I signify that I do want to drop the above listed course(s).

Applicant's Signature: _____ Date: ____ / ____ / ____

Once completed and signed, return this form to the Office of Academic Records.