Office of the Registrar

Drop Course Form

STUDENT INFORMATION

First name _____ Last name_____

Student ID _____ NU School _____

Major_____ Year of study (1-4)_____

COURSE INFORMATION

Semester: □ Fall20_ _ □ Spring20_ _ □ Summer20_ _

Course Abbr_____ **Title**_____

□ Lecture (L) Section_____ Instructor's Signature_____

□ Lab (Lb) Section_____ Instructor's Signature_____

□ Tutorial (T) Section_____ Instructor's Signature_____

□ Recitation (R) Section_____ Instructor's Signature_____

□ _____ Section_____ Instructor's Signature_____

Student_____
date

Adviser _____

Instructor_____
date

Dep. Chair of the course/Vice Dean for Academic Affairs_____
date

*Please ensure you do not leave blank fields. It will prevent processing your form.
***All forms should be submitted to the School Office of the Course.**

School administrator use only	
Processed by:	Date:

revised August 11, 2016