



Office of the Registrar

Drop Course Form

STUDENT INFORMATION

First name _____ Last name _____
Student ID _____ NU School _____
Academic Level _____ Year of study (1-5) _____
Major _____
Track (if any) _____ Minor (if any) _____

COURSE INFORMATION

Semester: Fall20__ Spring20__ Summer20__
Other _____

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 _____ signature _____ date _____

Adviser _____ full name and signature _____ date _____

Instructor _____ full name and signature _____ date _____

Dep. Chair of the course/Vice Dean for Academic Affairs _____ full name and signature _____ date _____

*Please make sure to fill in the form properly, or it will not be processed.
*This form must be submitted to the School Office of the course.

School administrator use only
Processed by: _____ Date: _____