



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: