

Graduate Level

Rev. 8/2019

Drop Form

St. Lawrence University

Student ID

Last

First

M.

Complete course Department, Number, Section, Instructor Name and Date. **Academic Petition MUST accompany this form if submitted after the semester add/drop deadline. Incomplete or late forms without a petition will NOT be accepted.**

Year 20_____

Course DROPS				
Dept.	Course No.	Sec.	Instructor Name (Print)	Date
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____

__Fall __Spring __Sumg1 __Sumg2

__Fall __Spring __Sumg1 __Sumg2

__Fall __Spring __Sumg1 __Sumg2

__Fall __Spring __Sumg1 __Sumg2

Comments: _____

Student Signature

Date

Processor

Date

Students are responsible for consulting with their academic advisor regarding schedule changes and the related implications to their academic progress.

~Return completed form to: Office of the Registrar, Vilas 117~