Richard Bland College CLASS DROP

"Print" Your Name ______________________________ **Term** ________ **20**______
(Last) (First) (M. I.)

Student "R" Number ______________________________

Course Name (Ex. MATH, SOC)	**Number/Section**	**CRN #**	**Instructor's Name**	**Advisor's Name** (No Signatures Required)

Please answer the following questions regarding dropping the courses. Circle the appropriate answer.

1. Will dropping this course affect your graduation? Yes No
2. Will dropping this course affect your full-time status? Yes No
3. Will dropping this course affect your financial aid? Yes No
4. Will dropping this course affect your insurance? Yes No

I have considered the above questions and have decided to drop this course.

______________________________ ______________
Student's Signature Date

Financial Aid/V.A. Approval *(If applicable)* ______________________ Date ____________

Residence Life Approval *(If applicable)* ______________________ Date ____________

SRMC Approval *(If applicable)* ______________________ Date ____________

Procedure completed *(Registrar's Official)* ______________________ Date ____________
Official Drop Date

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Office Use Only ____

Copies: Registrar, Instructor, Advisor, Student **CLASS DROP**

Revised 9-17-08