

UMSL Late Drop Form

Please return this completed form to:
Registration 269 Millennium Student Center

Student ID # _____ Student Name: _____

Dropping this course may affect your financial aid. Please contact the Student Financial Aid Office.

SEMESTER/ YEAR	SUBJECT	CATALOG#	SECTION	CLASS NUMBER	COURSE TITLE	CR. HRS	AUDIT?

Reason for Drop: _____

Student Signature: _____ Date: _____

The above student is withdrawing from your class. Please indicate the student final grade below

EXCUSED EXCUSED FAILING

Instructor Signature: _____ Date: _____

If Applicable:
Deans Signature _____ Date: _____