



REQUEST TO DROP CLASSES AFTER THE 3rd WEEK OF THE QUARTER

Dropping classes through the 3rd week of instruction (15th day of instruction) does not require approval and may be done online through BroncoDirect. Classes dropped after the first five days of the quarter through the end of the 3rd week of instruction will be assigned a "W" grade which is not used in calculating your grade point average. This completed request with all required approval signatures must be received by the Registrar's Office no later than the last day of finals of the quarter in which the class was taken.

COMPLETE THIS FORM TO REQUEST APPROVAL FOR DROPPING CLASSES AS FOLLOWS: (Check one box only)

- From the 4th through the 7th week of instruction**, dropping of classes is permissible only for serious or compelling reasons. Submit this request to your instructor(s), department chair and College Dean of your major. Documentation may be required and will be kept confidential if provided.
- After the 7th week**, dropping is permissible only in emergencies as accident, illness or other crisis clearly beyond your control. Poor performance is not considered an acceptable reason. Submit this request with documentation to your instructor(s), department chair and College Dean of your major. Documentation must be included and will be kept confidential.

Last Name _____ First Name _____ Bronco Number _____

Quarter/Year _____ / _____ Major _____ Email Address _____ Daytime Phone # _____

Reason for Dropping: (See the above requirements and provide a clear explanation and appropriate documentation. If additional space is needed, you may use the reverse side of this form.)

Student: Check the appropriate box that indicates the action which you wish to take on your current enrollment. Check one box only.

- I am requesting to drop ALL classes in which I am enrolled and withdraw from this quarter. List below all classes in which you are currently enrolled.
- I intend to maintain my enrollment for the current quarter but request that the classes listed below be dropped.

Subject	Class No.	Instructor	Last Date Attended	Instructor's Evaluation of Student's Work P = Passing F = Failing N = Unable to Determine	Instructor's Signature

I certify that all information contained herein is correct and complete and I understand that approval obtained to drop classes does not alter the published refund deadline. I am aware of the impact of dropping enrollment below 12 units to a student who receives financial aid, veterans benefits, medical or car insurance, or who are in a visa status. (F1 and J1 students should confer with the International Center prior to dropping any class.)

Student's Signature: _____ Date: _____

Department Chair for Your Major: I DENY I APPROVE based on the information provided. I have reviewed the information provided and, if approved, confirm that the reasons indicated meet the required conditions for this action.

Chair's Signature _____ Date _____

College Dean for Your Major: I DENY I APPROVE based on the information provided. I have reviewed the information provided and, if approved, confirm that the reasons indicated meet the required conditions for this action.

Dean's or Designee's Signature _____ Date _____

THIS FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE (CLA, 2nd FLOOR) AS SOON AS APPROVAL HAS BEEN GRANTED. STUDENT AND ACADEMIC DEPARTMENT STAFF: PLEASE KEEP A COPY FOR YOUR RECORDS.

Please see reverse for additional information.

