



SAM HOUSTON STATE UNIVERSITY

A Member of The Texas State University System

OFFICE OF THE REGISTRAR

www.shsu.edu

1-866-BEARKAT

DROP REQUEST FORM

FALL 2010 DROP DEADLINE: DECEMBER 10, 2010 BEFORE 5 P.M. THIS FORM WILL NOT BE ACCEPTED AFTER THE 5 P.M. DEADLINE

Do NOT complete this form if you have taken the final for this course or if the final has been handed out. If it is determined that the final has been given, the grade earned will be reflected on your record.

Semester: [] Fall [] Spring [] Summer I [] Summer II

Date: _____

Sam ID/SSN: _____

Last Name: _____ First Name: _____ M.I.: _____

Telephone Number: (cell) _____; (home) _____

Course Prefix and Suffix: _____ CID: _____ (Example: BIO 334) (Example: 4569)

I have read and understand the Drop Policy. I further understand that I will remain responsible for any and all debt incurred at Sam Houston State University. I also understand that if this form is faxed or mailed, I am responsible for verifying that it is received in the Registrar's Office by the deadline date. I also understand it is my responsibility to keep any and all documentation such as a fax confirmation or a certified mail receipt. In addition to this, by signing this form, I am stating that I have not taken any final exams in the semester in which I am dropping.

Student Signature: _____ Date: _____

Professor Signature: _____ Date: _____

*The Professor's signature confirms that the final exam has not been given for this course.

For Official Use Only: Date _____ Processed by _____