

# 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: \_\_\_\_\_