

## College of Extended Education & Global Engagement

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# DROP FORM

_____	
Last Name	First Name
_____	
E-mail Address (required)	Telephone
_____	
Humboldt ID	
_____	
SEMESTER: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	YEAR: _____

COURSE #	SUBJECT	COURSE SECTION

Was any financial aid used to cover the course fees?  YES  NO  UNSURE

When was your last day of attendance? (MM/DD/YYYY) \_\_\_\_\_

SERIOUS AND COMPELLING REASON (Attach supporting documentation):

AMOUNT PAID: \$ \_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

OFFICE USE ONLY:

Approved by \_\_\_\_\_ Date \_\_\_\_\_