

SAMUEL MERRITT UNIVERSITY

Office of the Registrar

Student Name (last name, first name)

Student ID #

DROP FORM

Return this form to the Registrar's Office,
450 30th St., Suite 2802 Oakland, CA. 94609

Term (Fall, Jan, Spring, Summer)

Today's date

DEPT	COURSE #	SECTION #	COURSE TITLE	SCHEDULE	INSTRUCTOR'S SIGNATURE

Advisor's signature (**REQUIRED**)

Date

Student's signature (**REQUIRED**)

Date

Changes for the 15 week term may be made in the student schedule through the end of the second week of instruction without academic or financial penalty. Changes for the four week term may be made through the second day of the term. The instructor's signature is required either to DROP or ADD a course for all terms. The student is academically and financially responsible for courses in which enrolled as of the close of the DROP/ADD period.