

Individual Course Drop Request

Arkansas State University-Beebe
Office of the Registrar
PO Box 1000
Beebe, AR 72012
PH 501.882.4415 FAX 501.882.4421



This form is to be completed by the student and submitted to the appropriate university employees for clearance in the order they appear. You must complete one form per individual course. Incomplete forms will not be processed. Forms submitted after the published deadline will not be processed. Students who cannot acquire needed signatures should contact the relevant division Dean for guidance.

For students in ONLINE classes: Follow the step-by-step instructions provided within your online/internet assisted class in order to complete, digitally sign, and submit the form to your instructor within Canvas. Keep in mind that it will take a multiple of days to complete this process so be sure you start it early enough to allow for the time delay.

Student's Name: _____

Student's ID#: _____

***NOTE:** *If you are completely withdrawing (dropping all courses) from the semester, do not use this form. Please contact your Academic Advisor to begin the process.*

If you have any kind of Financial Aid, it is highly recommended that you contact the Financial Aid Office prior to dropping.

Course to *DROP*:

COURSE NUMBER

(ex. HIST 2013)

TITLE

Historical Concepts

INSTRUCTOR

D. Morgan)

REASON for DROP _____

Student's Signature

Date

Instructor's Name

Date

Advisor's Name

Date