

Drop/Withdrawal Request Form

Eastern Illinois University – Office of the Registrar

Drop/Withdrawal request for _____
Term/Year

Name _____ E# _____

Course/Courses Requesting To Be Removed From Your Schedule

Check here for All Courses to be dropped for the term indicated

_____	_____	_____	_____
Dept	Course #	Section #	CRN #

_____	_____	_____	_____
Dept	Course #	Section #	CRN #

_____	_____	_____	_____
Dept	Course #	Section #	CRN #

_____	_____	_____	_____
Dept	Course #	Section #	CRN #

I understand that if this request is completed after the drop deadline, I will be responsible for paying for the course/courses and will receive a "W" on my record for the course/courses.

Student Signature _____

Date _____