Sam Houston State University
Office of the Provost
Academic Affairs

COURSE LATE DROP REQUEST FORM

Student's First & Last Name _____ Student's SAM ID _____

Semester and Year _____ CRN _____

Course Subject _____ Course Number _____ Course Section _____

Drop ***after*** census period (**Q-drop)?** ◯ Yes ◯ No Effective date: _____

Drop ***during*** the census period? ◯ Yes ◯ No Effective date: _____

Reason for course **Late Drop** request. Please **specify** the student's latest date of engagement in the course (Ex: Last date of attendance, etc.)

_____

Approval Routing *(This section for authorized users only. Signatures below indicate approval. Form to be routed to Registrar's Office once fully approved by all signers.)*

_____
Department Chair/School Director

_____
College Dean

_____
Vice Provost