OFFICE OF THE REGISTRAR
COURSE LATE DROP REQUEST FORM
(PLEASE PRINT)

Name (Last): ____________________________________ (First): _______________________

Law Class Level: 1L □ 2L □ 3L □ 4L □ LLM □ Student ID # ________________________

Email Address: ____________________________________ Phone: ______________________

Complete items below except shaded areas.

1. **AFTER Add/Drop Deadline**: Requests to drop a course past the final Add/Drop Deadline require the approval of the Associate Dean for Academic Affairs. State the reason for the request:

________________________________________________________________________________________

2. List the term and course(s) you are petitioning to drop.

   Semester: FALL □ SPRING □ MAYMESTER □ SUMMER □ YEAR __________________________

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<th>Course #</th>
<th>Section</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Grade</th>
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3. How many credit hours will you have for the semester after the above drop? ____________________

4. It is your responsibility to make sure the change(s) you are making to your course schedule will not hinder your ability to complete degree requirements for graduation. You are also advised to review the Catalog regarding the Charleston School of Law’s regulations and policies to see how withdrawing from a course will affect you both academically and financially. Sign below and return completed request to the Office of the Registrar.

   STUDENT’S SIGNATURE: ___________________________________________________________ DATE: ________________

   FOR OFFICE USE ONLY
   APPROVED □ DENIED □ LDOA ________ PROCESSED BY: ___________________ DATE: ________________

   ASSOCIATE DEAN’S SIGNATURE DATE