

CHARLESTON

SCHOOL OF LAW
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 for the shaded areas. Sign and return the form to the Office of the Registrar.

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. Withdrawals will only be approved for good cause. The Associate Dean may consult with the faculty member if she or he believes the faculty member may have information bearing on the request for withdrawal.

State the reason for the request:

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

Semester: FALL SPRING MAYMESTER SUMMER YEAR _____

3. How many credit hours will you have for the semester if your request is approved? _____

4. It is your responsibility to make sure the change(s) you are requesting to make 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.

STUDENT'S SIGNATURE: _____ DATE: _____
