



LATE DROP REQUEST

Office of the Registrar

Student Name: _____ Phone #: _____

Requesting to Drop (Course # and Section): _____

Dropping courses past the approved deadline is generally granted only when there are valid extenuating circumstances. Please state the reasons you wish to drop the course(s).

Student Signature: _____ Date: _____

Valid Reasons

- Medical emergency
- Family emergency
- Mental health emergency or problem
- Severe personal problem or situation
- Other significant disruption of your semester

Invalid Reasons

- Not doing well in the class
- This class will lower your gpa
- Cannot keep up with the workload
- Don't understand the material
- Don't like the instructor

ACTION ON REQUEST: **Approved** **Denied**

Associate Provost Signature: _____ Date: _____

Please return this form to the Office of the Registrar who will advise student of decision.

Student Contacted By: _____ Date: _____

Phone Email Other: _____

Return to Office of the Registrar
Phone: 330-471-8128 ♦ Fax: 330-471-8661 ♦ Email: registrar@malone.edu
Mail: Office of the Registrar, Malone University, 2600 Cleveland Ave. NW, Canton, OH 44709