

Student Name: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Student ID: \_\_\_\_\_ Term:  Fall  Spring  Maymester  Sum I  Sum II Year: \_\_\_\_\_

**IMPORTANT NOTES:**

**Complete the following information in its entirety. Incomplete information will prevent the processing of this request. Your request may not be processed if you have exceeded the allowable number of drops.**

For more information on the 6-Drop Rule and exemptions, please visit <https://www.delmar.edu/offices/registrar/six-drop.html>

Note: If you are dropping CHEM 2123 Lab or CHEM 2125 Lab, you MUST submit verification that you have checked out of the laboratory. Please see the Natural Sciences Department to obtain this verification BEFORE submitting this form.

**Courses for which drop is requested:**

*Course Prefix (Ex: ACCT), Course Number (Ex: 2301), Course Section (Ex: 001FA)*

Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_ Course Section \_\_\_\_\_

Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_ Course Section \_\_\_\_\_

Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_ Course Section \_\_\_\_\_

**Please mark all that apply:**

- I am USING FINANCIAL AID. Note: Dropping a course may affect your financial aid eligibility. I am an
- INTERNATIONAL STUDENT. If yes, you **cannot** drop below 12 credits.
- I am currently ENROLLED in HIGH SCHOOL.
- I am using VETERAN BENEFITS. (*You are advised to contact the VA office at 361-698-1683 for further assistance.*)

**Please mark ONE reason for requesting this drop:**

The following circumstances will not be considered as exceptions to the 6-course drop limit:

\_\_\_\_\_  
Other: \_\_\_\_\_

Select the following if you have a circumstance that MAY be considered as an exemption to the 6-course drop limit. Request for an exception must be made within 30 days of the last day of the course dropped.

- I have an extenuating circumstance and have attached appropriate documentation to request an exception from the 6 drop limit.
- I am completely withdrawing from all courses for this term

**By signing this form, I certify my understanding that dropped courses will not be used to determine enrollment status and I may no longer be considered full-time status. I understand that dropping below full-time status may adversely impact financial aid eligibility, veteran's benefits, and other benefits that are dependent upon full-time enrollment status. INTERNATIONAL STUDENTS MUST RECEIVE APPROVAL FROM THE INTERNATIONAL STUDENT REPRESENTATIVE IN THE OFFICE OF THE REGISTRAR BEFORE DROPPING BELOW FULL-TIME.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_