



## **STAR Course Drop Request**

Name:	g ier
Major: Classification:     Ex: FR, so	
CRN Subject Course Number Number Hours Section Number Hours Section Hours Section Section Hours Section Hours Section Hours Section Hours Section Section Hours Hours Section Hours Hours Section Hours Hours Section Hours Ho	ntal
DROPS	
I acknowledge that I am responsible for my student class schedule. I understand that if any changes are needed, is my responsibility to seek out alternative courses. I am responsible for ensuring that at all times my enrollment has sufficient credit hours and appropriate courses to satisfy requirements for athletic eligibility, financial aid and scholarships (e.g. Promise), insurance coverage, veterans or other benefit that is dependent upon academic status. I am responsible for checking my MIX account regularly and keeping my contact information up-to-date in STAR.	b
Student Signature: Date:	

Date:\_\_\_

Advisor Approval:\_\_