### STAR Course Drop Request

**Student ID:** _________-_________-_________-_________-_________  **Term:** _________

**Name:** ____________________________________________________________

**Major:** ________________________________  **Classification:** _______ | Ex: FR, SO

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<tr>
<th>CRN</th>
<th>Subject</th>
<th>Course Number</th>
<th>Section Number</th>
<th>VR CR Hours</th>
<th>Grd Opt</th>
<th>M</th>
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**Course Approval**

Course requires departmental approval. May not register through STAR WEB.

**DROPS**


I acknowledge that I am responsible for my student class schedule. I understand that if any changes are needed, it 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.

**Student Signature:** ____________________________________________  **Date:** _____________

**Advisor Approval:** ____________________________________________  **Date:** _____________