



Central Connecticut State University
Office of the Registrar

COURSE DROP FORM

A student may drop a class without academic penalty (“W” grade) by end of the third week of class or its equivalent in courses that meet less than a full semester. Although the instructor’s signature is not required, it is recommended that you inform the instructor of your decision.

Please remember that you need to maintain a minimum of 12 credits per semester to be considered a full- time student and to retain eligibility for financial aid and athletics.

(Please bring completed form to the Registrar’s Office in Davidson Hall, Room 117)

Name: _____ Student ID#: _____

List the course(s) to be dropped below:

5 digit CRN Number	Course Name/Dept./No.	Section No.	Course Credits	Duration of Course	Instructor’s Name

Student’s Signature: _____ Date: _____

(Please keep student copy for your records)

Reason for Dropping

Before returning this form, please check your reason(s) for dropping:

- | | |
|--|---|
| <input type="checkbox"/> <i>Too Many Hours Outside Work</i>
<input type="checkbox"/> <i>Course Too Difficult</i>
<input type="checkbox"/> <i>Advising Error</i>
<input type="checkbox"/> <i>Illness</i>
<input type="checkbox"/> <i>Too Many Courses</i> | <input type="checkbox"/> <i>Paperwork Error</i>
<input type="checkbox"/> <i>Time Conflict with Work</i>
<input type="checkbox"/> <i>Difficulty with Instructor</i>
<input type="checkbox"/> <i>Other</i> |
|--|---|

For Office Use Only :
 Processed By: _____ Date: _____

(DO NOT USE THIS FORM FOR A COMPLETE WITHDRAWAL FROM THE UNIVERSITY)