

**SAMUEL MERRITT UNIVERSITY**

**Office of the Registrar**

\_\_\_\_\_  
Student Name (last name, first name)

\_\_\_\_\_  
Student ID #

**DROP FORM**

Return this form to the Registrar's Office,  
3100 Telegraph Ave., Suite 1000 Oakland, CA. 94609

\_\_\_\_\_  
Term (Fall, Jan, Spring, Summer)

\_\_\_\_\_  
Today's date

DEPT	COURSE #	SECTION #	COURSE TITLE	SCHEDULE	INSTRUCTOR'S SIGNATURE

\_\_\_\_\_  
Advisor's signature (**REQUIRED**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's signature (**REQUIRED**)

\_\_\_\_\_  
Date

**Changes for the 15 week term may be made in the student schedule through the end of the second week of instruction without academic or financial penalty. Changes for the four week term may be made through the second day of the term. The instructor's signature is required either to DROP or ADD a course for all terms. The student is academically and financially responsible for courses in which enrolled as of the close of the DROP/ADD period.**