



National School of Tropical Medicine

COURSE WITHDRAWAL FORM

Name: _____ Date: _____ Student ID: _____

TERM: Fall Spring Summer

- Students dropping a class within the drop period. An assistant dean’s signature is **not** required.
- Students dropping a class after the drop date, due to extenuating circumstances, an assistant dean’s signature **is** required.

COURSE CODE	COURSE TITLE	COURSE DIRECTOR	COURSE DIRECTOR SIGNATURE	DATE

EXPLANATION:

Student Signature: _____ Date: _____

Assistant Dean Academic & Student Affairs Signature: _____ Date: _____

For Office Use: By: _____ Date: _____
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