



Registrar's Office
 Kansas City University of Medicine and Biosciences
 1750 Independence Avenue
 Kansas City, MO 64106
 (816) 654-7190

Drop or Withdraw From Elective Course

Student Name _____ Class Year _____

Course ID and # _____ Course Name _____

Course ID and # _____ Course Name _____

Academic Year: _____ Term/Session: Fall Spring Summer

I request the following action on the course(s) identified above:

DROP

Students may **DROP** (cancel registration) an elective course at any time through the first class meeting if the course has multiple class meetings, or before the class begins if the class only meets on one day. Students who drop a course within the prescribed time sequence will have no record of the course on their transcript.

WITHDRAW

Students may **WITHDRAW** from an elective course after the drop deadline and up to the last class meeting or final exam, whichever occurs first. Course withdrawals are recorded as a "W" notation on the student's academic transcript, but have no negative consequence to the students academic record.

Student may not withdraw from a course after the last course lecture or final exam has started, or after the course has concluded.

 Student Signature

 Date

Registrar Office Use Only

Notes: _____

 LAST NAME (REGISTRAR STAFF) FIRST NAME

 SIGNATURE (REGISTRAR STAFF)

 DATE PROCESSED