

**SAM HOUSTON STATE UNIVERSITY
STUDENT CLASS SCHEDULE DROP AFTER DEADLINE FORM
FOR
EDUCATION**

Please print legibly:

NAME: _____
LAST FIRST M.I.

SAM ID (or S.S.N.) _____

FALL _____ **SPRING** _____ **SUMMER I** _____ **SUMMER II** _____ **MINIMESTER** _____

Course(s) to be DROPPED:	
CID #	
COURSE PREFIX/NUMBER	
SECTION #	

Student Signature: _____	Date _____
Dept Chair Signature: _____	Date _____
Dean's Signature: _____	Date _____
DR. GENEVIEVE BROWN	

After you have filled in the requested information please submit form to the registrars office.

FOR REGISTRAR'S OFFICE USE ONLY:		
APPROVED BY: _____	PROCESSED BY: _____	PROCESS DATE: _____