



**STUDENT HEALTH SERVICE
REQUEST FOR MEDICAL COURSE DROP**

RETURN COMPLETED FORM TO:
 STUDENT HEALTH SERVICE
 ADMINISTRATIVE OFFICE, ROOM 217
 GREENVILLE, NC 27858
 PHONE: 252-328-6904

COMPLETE IN FULL: Date: _____
 NAME _____ BANNER ID# _____
 STUDENT'S MAJOR DEPT. _____ CLASSIFICATION _____
 E-MAIL ADDRESS _____@STUDENTS.ECU.EDU
 PHONE NUMBER _____
 TERM FOR WHICH REQUEST IS BEING MADE _____

Students complete all shaded areas. List all courses.
 Place 'D' in front of the course(s) you wish to drop.

DROP	COURSE NAME & NUMBER	CREDIT HOURS	INSTRUCTOR	APPROVED BY INSTRUCTOR		ATTENDANCE	GRADE
				<input type="checkbox"/> NO	<input type="checkbox"/> YES		
				<input type="checkbox"/> NO	<input type="checkbox"/> YES		
				<input type="checkbox"/> NO	<input type="checkbox"/> YES		
				<input type="checkbox"/> NO	<input type="checkbox"/> YES		
				<input type="checkbox"/> NO	<input type="checkbox"/> YES		
				<input type="checkbox"/> NO	<input type="checkbox"/> YES		
				<input type="checkbox"/> NO	<input type="checkbox"/> YES		
				<input type="checkbox"/> NO	<input type="checkbox"/> YES		

GPA: _____

Student to complete all shaded areas.

1. I have reviewed my request with the financial aid office and understand the impact this change will have on my aid package.	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NA
2. If this request is being made in the last 3 weeks of class, I have discussed receiving an incomplete with my instructor.	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NA
3. I have used _____ of my free drops.			
4a. I have been granted a medical course drop in the past.	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NA
4b. If yes, _____ Course when: _____ name: _____			

Continue on Back



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Reason that the request is past the drop deadline (Explain briefly here. If additional space is needed, please attach sheet)

I verify that the information provided is accurate.

Student Signature

Date

Administrative Use Only

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Medical Documentation | Status |
| <input type="checkbox"/> Form Completed | <input type="checkbox"/> Approved |
| <input type="checkbox"/> Documentation from Instructor | <input type="checkbox"/> Denied |

Reason for Denial

- Incomplete documentation
- Insufficient medical information
- Unacceptable class performance
- Past the last day to request a withdrawal
- Withdrawal not appropriate for medical condition
- Other

Disposition

- Approval letter with tag sent
- Denial letter sent
- Student referred to Appellate Committee
- Other