



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

**RETURN COMPLETED FORM TO:**  
STUDENT HEALTH SERVICE  
ADMINISTRATIVE OFFICE, ROOM 207  
GREENVILLE, NC 27858  
PHONE: 252-328-6904

COMPLETE IN FULL:					Date: _____	
NAME _____			BANNER ID# _____			
STUDENT'S MAJOR DEPT. _____			CLASSIFICATION _____			
E-MAIL ADDRESS _____					@ECU.EDU	
PHONE NUMBER _____						
TERM FOR WHICH REQUEST IS BEING MADE _____						
COURSE(S) IN WHICH A LATE DROP IS/ARE REQUESTED:						
COURSE NAME AND NUMBER	SECTION NUMBER	CREDIT HOURS	INSTRUCTOR	APPROVED BY INSTRUCTOR		INSTRUCTOR'S INITIALS
				<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	
				<input type="checkbox"/> NO	<input type="checkbox"/> YES	

**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	<b>Status</b>
<input type="checkbox"/> Form Completed	<input type="checkbox"/> Approved
<input type="checkbox"/> Documentation from Instructor	<input type="checkbox"/> Denied