

DELTA STATE UNIVERSITY ADD FORM

NAME _____
Telephone Number _____
Email _____

DSU ID	900 ### ###
900	

ADD COURSE

*IF AFTER DEADLINE
to ADD CLASSES*

**INSTRUCTOR APPROVAL
SIGNATURE IS REQUIRED**

CRN	DEPT	COURSE#	SEC	HRS	TIME	DAY	INSTRUCTOR

--

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Signatures in Order

1. Advisor _____

2. Dean _____

3. Registrar _____

4. Date Received _____

DELTA STATE UNIVERSITY DROP FORM

NAME _____
Telephone Number _____
Email _____

DSU ID 900 ### ##
900

DROP COURSE

AFTER GRADES OF
W/F IN EFFECT
GRADE WHEN DROPPED
INSTRUCTOR APPROVAL

CRN	DEPT	COURSE#	SEC	HRS	TIME	DAY	INSTRUCTOR

Instructor's signature _____
(Please circle) **W** "passing" **F** "failing" Date _____
Fin. Assist.Ofc.Requires:Last Date of Class Attendance or Participation _____

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W/F IN EFFECT
GRADE WHEN DROPPED
INSTRUCTOR APPROVAL

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Instructor's signature _____
(Please circle) **W** "passing" **F** "failing" Date _____
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Signatures in Order:

1. Advisor _____
2. Dean _____
3. Registrar _____
4. Date Received _____

Delta State University
Withdrawal from the University

Date: _____

Major: _____

Last Name	First Name	Middle Initial	Student ID
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REASON:

_____ Deceased/permanent and total disability

CRN	DEPT	COURSE #	Instructor
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_____ Called to active military duty

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_____ Service to foreign aid agency of the fed. govt

CRN	DEPT	COURSE #	
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_____ Serve on official church mission

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_____ Financial

CRN	DEPT	COURSE#	
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_____ Health/Medical

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_____ Family

CRN	DEPT	COURSE #	
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_____ Other reason

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CRN	DEPT	COURSE #	
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CRN	DEPT	COURSE #	
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CRN	DEPT	COURSE #	
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CRN	DEPT	COURSE#	
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REQUIRED SIGNATURES

		Address where you can be reached:
(1)Dean of School/College	Date	
		For Office Use Only:
(2)Student Business Services	Date	Future Contact:
		Email:
		Phone:
(3)Financial Aid	Date	Classification:
(4)Registrar	Date	