

VMI Summer Session

"D" Drop Request

	(Last)		(First)	(Middle)
/ear:		Major: VMI Box:_		Box:
f not Enrolled,	Current Address:			
		Phone:		
*****	*****	******	******	*****
	(COURSE INFORM.	ATION:	
Course #	Sect	ion #	Semester and Ye	ear:
Name of Cour	·se:			
	*****	******	*****	*****

I request that the reason my weigh repeat the course	ted hours. I understa if I wish to count this		ncluded in my hours pas graduation. I also under	ssed, and that I must

FOR OFFICE USE ONLY

Received by Registrar's Office on:_____ By:_____

Posted on:______ By:_____