

HUMBOLDT STATE UNIVERSITY

College of Extended Education & Global Engagement

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DROP FORM

Last Name	First Name

E-mail Address (required)	Telephone

HSU ID	
SEMESTER: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	YEAR: _____

COURSE #	SUBJECT	COURSE SECTION

Was any financial aid used to cover the course fees? YES NO UNSURE

When was your last day of attendance? (MM/DD/YYYY) _____

SERIOUS AND COMPELLING REASON (Attach supporting documentation):

AMOUNT PAID: \$ _____

STUDENT SIGNATURE _____

DATE _____

OFFICE USE ONLY:

Approved by _____ Date _____