Request to Drop Course(s) **Due to Hold**



Submit to:
Office of the Registrar
900 N. Portland Ave.
OKC, OK 73107
405-945-3291
Fax: 405-945-3277
okc.records@okstate.edu

Instructions: Complete form and return to Admissions/Registrar Services. Form may be returned in person, by fax or through students' O-Key email address (see above for contact information). The effective date of drop/withdrawal will be the date this form is received in the Records office. Please consult the class schedule, university catalog or www.osuokc.edu for drop dates and refund deadlines (deadlines will differ depending on course length/start date). The student is responsible for verifying that OSU-OKC has received this form if not submitted in person.

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Student Informat				all Spring Summe
Student Name: la	ast first	: midd	le	
O-Key email (@okstate.edu)		phone number	er Student ID or SSN	N
	/ithdrawal (drop <u>ALL</u> cour	Please state the for complete will		
OR drop specifi	c courses (list below):			
CRN	Course Prefix	Course Number	Reason for Drop/Withdrawal	
Drop Checklist Dropping courses can at responsible for contactin of offices you may need	ng the appropriate offices to con	alance due, full-time enrollment mplete your withdrawal from OSU	status and/or impact a variety of other factors. Student. U-OKC. The following is a suggested, but not compreher	's are nsive, lis
Business Ser	vices Office - Contact the Bus	iness Services Office to fulfill you nscript or re-enrolling in the univ	ur financial obligation to the university. Failure to clear y	your
Records Office	ce - Be sure to keep your addre u can update your information	ess, email and phone number cu	rrent with OSU-OKC if you expect any correspondence fr Self Service or by completing the Data Update form available.	
			e VA, you must contact the Veterans' Services Coordinato ent and you may have to return benefit money to the VA	
		you must contact the Financial A to return funds and may be place	Aid office to determine how your drop may affect your ai ed on Financial Aid probation.	id
	above enrollment chang ponsibilities upon submi		Received by:	
			advisor/staff member:	
Student Signature		Date	-	
For Records use:			Date:	

processed by:

date rec'd: