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.

Stude	nt Informatio	on:		Year/Ser	nester: 20	_ □ Fall □ Spring □ Summe	
Student Name: last first			middl	e			
O-Key email (@okstate.edu)			phone numbe	phone number		Student ID or SSN	
Course	OR	hdrawal (drop <u>ALL</u> cours courses (list below):	Please state the for complete with				
	CRN	Course Prefix	Course Number	Reason for	Drop/Withdra	awal	
Dropping responsit	ble for contacting to s you may need to Business Servio balance can prev Records Office	the appropriate offices to concontact: ces Office - Contact the Businent you from receiving a tran - Be sure to keep your addre	alance due, full-time enrollment applete your withdrawal from OSC ness Services Office to fulfill you script or re-enrolling in the universe, email and phone number cut by logging into my.okstate.edu S	U-OKC. The following is a surfinancial obligation to the ersity in the future.	e university. Failure to expect any correspond	o clear your dence from the	
•	Student Services	•	educational benefits through the	, ,			
•	adjust your certif	ication to the VA. Failure to	do so can result in an overpaym you must contact the Financial A	ent and you may have to r	eturn benefit money to	o the VA.	
			o return funds and may be place			your aid	
I wish to make the above enrollment changes and have read and understand my responsibilities upon submission:				Received by:			
				advisor/staff mem	per:		
Student	Signature		Date	-			
For Records use:				Date:	Date:		

processed by:

date rec'd: