UNIVERSITY OF MASSACHUSETTS
INTERCAMPUS COURSE EXCHANGE POLICY
-- Graduate Students Only --

DROP FORM

STUDENT INFORMATION

Last Name ____________________ First Name ____________________ MI __________
Birthday (mm/dd/yyyy) ________ Social Security and/or Student ID ____________ Sex (M/F) ________
Address ______________________ City ______________ State ______ Zip ________
Home Campus _______ Amherst _______ Boston _______ Dartmouth _______ Lowell _______ Worcester
International Students

Country of Citizenship ____________________ Type of Visa if not a US Citizen

Graduate Degree Program ____________________

COURSE INFORMATION

Course Title ____________________ Course # / Section # ____________ Credits ________
Year Offered ______ Fall ______ Spring ______ Summer ______
Campus Offering course _______ Amherst _______ Boston _______ Dartmouth _______ Lowell _______ Worcester

Student’s Signature ____________________ Date ____________

By signing this form, I am choosing to drop the above course(s). In addition, I will notify both home and host campus officials of my drop action in writing following the procedures and within the deadline of the host campus.

FOR OFFICE USE ONLY

APPROVAL SIGNATURES – HOME CAMPUS

Home Campus – Grad. Prog. Dir. ____________________ Date ____________

APPROVAL SIGNATURES – HOST CAMPUS

Host Campus – Grad Program Dean/Rep ____________________ Date ____________

Confirmed Student Dropped ____________________ Date ____________

Home Campus – Grad. Dean/Rep ____________________ Date ____________

Revision – 04/01/08