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

_____ _____

Home Campus – Grad. Dean/Rep Date

APPROVAL SIGNATURES – HOST CAMPUS

_____ _____

Host Campus – Grad Program Dean/Rep Date

Confirmed Student Dropped _____

Date