



MARQUETTE UNIVERSITY GRADUATE SCHOOL REQUEST TO DROP A COURSE(S)

Use this form only if CheckMarq registration is closed for the term. Dropping a course does not require a signature from the Instructor, but does require departmental approval if the student received merit-based aid. In addition, you must inform your advisor and/or DGS of this request in writing. Tuition refunds are based on the date that this form is presented to the Graduate School. Find the percentages of tuition refunds on the Office of the Bursar's Web site (www.marquette.edu/bursar). You cannot drop a course after the withdrawal deadline (see *Academic Calendar* online or the *Graduate Bulletin* for deadline to withdraw with a grade of "W"). After you have completed this form, wait one week and confirm via CheckMarq that the course(s) has been dropped. Please keep a copy of this form for your records. If you need assistance completing this form, please contact the Graduate School at 414-288-7137.

STUDENT INFORMATION

Name:	<input type="text"/>	MUID:	<input type="text"/>
Email:	<input type="text"/>	Program:	<input type="text"/>
Adviser:	<input type="text"/>	Degree:	<input type="text"/>

I understand:

- I will receive a "W" on my transcript when this course(s) is dropped.
- This change may affect my financial aid, loan eligibility/deferment(s), or student visa status.
- I must maintain full-time status if I hold a teaching or research assistantship, fellowship, or Graduate School scholarship.

1. DROP:	Department:	<input type="text"/>	Course Number:	<input type="text"/>	Section:	<input type="text"/>	Credits:	<input type="text"/>	Instructor:	<input type="text"/>
2. DROP:	Department:	<input type="text"/>	Course Number:	<input type="text"/>	Section:	<input type="text"/>	Credits:	<input type="text"/>	Instructor:	<input type="text"/>
3. DROP:	Department:	<input type="text"/>	Course Number:	<input type="text"/>	Section:	<input type="text"/>	Credits:	<input type="text"/>	Instructor:	<input type="text"/>
4. DROP:	Department:	<input type="text"/>	Course Number:	<input type="text"/>	Section:	<input type="text"/>	Credits:	<input type="text"/>	Instructor:	<input type="text"/>

SIGNATURE

I have read the above statement and understand that my request may affect my financial aid award (if any), my visa status, and may delay my progress to my degree. Please check the boxes below that apply:

Did you receive merit-based financial aid this semester in the form of an assistantship or scholarship?

- I did.
 I did not receive merit-based aid this semester

Departmental Approval/Signature:

If you intend to drop all of your courses for this term; please select one:

- I intend to return to Marquette.
 I DO NOT intend to return to Marquette, and I am abandoning my program.

REQUIRED: LAST DATE OF ATTENDANCE FOR ABOVE COURSE(S):

I have informed my advisor and/or DGS of this request.

Student Signature: Date:

PLEASE FORWARD COMPLETED FORM TO THE GRADUATE SCHOOL

For Graduate School Use: Copies to: Student's File Department Instructor Revised 10/15