



MARQUETTE UNIVERSITY GRADUATE SCHOOL

REQUEST TO DROP A COURSE

Use this form only if CheckMarq registration is closed for the term, or if dropping a course will bring you from full-time status to less than full-time status. Inform your advisor and/or DGS of this request in writing. Tuition refunds are based on the date that this form is sent 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"). **Email the completed form to gradrecords@marquette.edu.**

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:

Email the completed form to gradrecords@marquette.edu.

Print Form

Revised 11/25