



Drop/Withdrawal Documentation – Summer Session

Viterbo University; 900 Viterbo Drive; La Crosse WI 54601

TO BE COMPLETED BY THE STUDENT (Please complete ALL portions.)

I wish to drop all my summer session courses for which I am enrolled at Viterbo University. I have discussed my intentions to drop with my academic adviser, the Assistant Academic Vice President (or official serving in that capacity), or Graduate Program Director and understand the affect on my program requirements.

Student ID Number _____ Social Security Number _____ - _____ - _____

Last Name Birth/Maiden Name First Name Middle Name

Home Mailing Address Street City State Zip

Home Phone Number, including area code Non-Viterbo e-mail account, if available

Year _____ Undergraduate Student ___ Graduate Student ___

I am registered in the following course sections:

Subject	No.	Sec.	Cr.	Title	Instructor	Last Date of Attendance	Office Use

Please attach a drop form. Last Date of Attendance/Intent: _____

_____ (please initial) I acknowledge that I am responsible for any outstanding balance I may have at Viterbo University and that no transcript will be issued until those encumbrances are satisfied. I am aware that there may be financial implications to my dropping my summer session courses and that I may speak with the director of financial aid/director of student billing about these implications before I submit this form for filling.

I understand that by signing this form, I am dropping classes for the summer session. My registration for the fall semester will remain.

Student's Signature Date

TO BE COMPLETED BY VITERBO UNIVERSITY OFFICIAL

FILING OF FORM

The official drop date will be determined upon receipt and processing of this form by the Office of the Registrar.

Registrar Date