



WSC Phone: 708/763-6530
WSC Fax: 708/763-1531

Class **DROP** Form

West Suburban College

***-required field**

*Student Name (please print)

*Semester/Session

*SSN

*Date of Drop

***Course Number, Title, Semester Hours:**

Department (NUR, NRG, HIM)	Course Number	Lab/Clinical Section	Course Title	S.H.
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*Instructor Signature

Date

*Your Advisor's Signature

Date

*Dean or Program Director's Signature

Date

I have read and understand all policies in the West Suburban College catalog regarding dropping a course. I understand that I may only drop a course without penalty during the first five (5) days of the semester. I also understand that making changes to my registration could affect my financial aid, degree progression, health insurance or have other consequences.

*Student Signature

Date

For Registrar's Office Only	
_____ Registrar's Signature	_____ Date Processed

Copy to: Student Advisor
Dean or Director
Student