

## Office of the Registrar

## **TENNESSEE TECH**

## REQUEST TO DROP A COURSE AFTER THE DEADLINE

This form o	only applies to the current term	and will not be accepted after	the last day of class.
Student Name:		T#:	Term:
(Last)			
Email:		Phone:	
Student Signature:			Date:
Courses fo	or which you are seeking an e	exception to drop after the p	oublished deadline:
CRN	SUBJECT	COURSE NUMBER	SECTION NUMBER
	ructor: □ Support □ Oppos		
Instructor's signature:		Da	ate:
	isor: ☐ Support ☐ Oppos		
Advisor's signature:		Date	e:
Final Decision of Office of	of the Registrar:	☐ Deny Date:	
Associate Registrar's Signa	ature:		
Comments/Processing Inst	tructions:		