



**UNDERGRADUATE
STUDENT DROP REQUEST FORM**

Student Name: _____

Sooner ID Number (this number begins with “112” or “113”): _____

Semester/Term:

Fall-1 _____ Fall-2 _____ Spring-1 _____ Spring-2 _____ Summer _____

I hereby authorize my Academic Advisor

_____ to drop the following courses from my schedule:

Each item below must be filled out in order for your drop request to be processed.

Course Prefix	Course Number	Section Number	CRN	TITLE

My signature below ensures that I understand the following:

- A grade of “W” (withdrawn) will be posted to my transcript for withdrawals processed after the Free Drop Period
- I am financially liable for all course charges if I withdraw after the Free Drop Period

Student Signature:

Date:

Fax or email this completed form to the attention of your Academic Advisor at the College of Liberal Studies, 405-325-9032.

If you have questions about this form, please call your Academic Advisor at 405-325-1061 or 800-522-4389.