International Reformed University & Seminary
125 S. Vermont Ave. L.A., CA 90004
Tel (213)381-0081, Fax (213)381-0010
www.irus.edu office@irus.edu

Course Drop Form

DO NOT USE THIS FORM IF YOU ARE WITHDRAWING FROM THE SEMESTER!

Student Information

Name: _____ _____
Korean English

Term: ☐ Fall ☐ Spring ☐ Summer Year: _____ Level: ☐ BACS ☐ BACM ☐ MACS ☐ MACM ☐ MAC ☐ MDiv ☐ DMin ☐ ECE

Student's Signature: _____ Date: _____

Course No:	Course Name:	Instructor's Name:	Section: (AM/PM)	Instructor's Sign
Reason for dropping:				

- A grade of W will be recorded for the course on this form IF the drop is done on or before the Course Drop deadline. After this date, we recommend that you talk with your instructor regarding your reason for dropping. The instructor will contact the Registration & Records Office with your final grade.

Academic Dean's Name (printed)	Signature:	Date:
Chief Financial Officer's Name (printed)	Signature:	Date

- Return Completed form to the Registration and Records Office by the part-of-term's Course Drop Deadline.

Registrar's Name (printed)	Signature:	Date: