



Registrar's Office
Triq Dom Minotff, Bormla, BML 1013, Malta
+356 2169 6970, registrar@aum.edu.mt

DROP FORM

Use this form to drop a class or classes. You may not use this form to drop your last class. Dropping a class after the add/drop deadline (see academic calendar for specific date) will result in a "W" recorded on your transcript.

Date: _____ Current Semester: _____ Student ID: _____

Full Name: _____

Course / Course Number / Section	Professor
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Student Signature: _____ Date: _____

Signatures are required from each of the following departments:

Department Approval:

_____ Student's Academic Program Advisor
 Printed Name _____
 Signature _____ Date _____

_____ Financial
 Printed Name _____
 Signature _____ Date _____

_____ Student Affairs
 Printed Name _____
 Signature _____ Date _____

Processed by Registrar's Office:

Date: _____ RO Staff Name: _____