

Official Course Change Request Form: Drop

This document must be completed and signed by the student. The host institution must sign and validate this document.

First Name:	Last Name:
Name of Host Institution:	Country:
Department:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring & Summer

Course Code	Course Title	Credits

Student	
Date: _____	Signature: _____
Host Institution Approval	
Date: _____	Signature: _____

Once signed, please send to Wayne State University's office of Study Abroad and Global Programs.

Wayne State University Approval	
Date: _____	Signature: _____