Form C9-APPLICATION TO DROP GRADUATE COURSES

Name _____   Student's number _____

Entrance date_____   Degree seeking: ____ M.Sc.; ____ Ph.D.

Type of assistantship: ____ Teaching;   ____ Research

Advisor _____

_____   _____   _____ _____
Course name   Code (QUIM XXXX)   Section   Credits

Instructor _____

Reasons _____

_____

_____

_____

This semester's complete schedule:

Course name	Code (QUIM XXXX)	Section	Credits	Instructor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____   _____
              Student's Signature   Date

_____   _____
              Advisor's Signature   Date

_____   _____
       Program Coordinator's 's Signature   Date