

**The University of Western Ontario
Faculty of Engineering
Department of Mechanical & Materials Engineering**

REQUEST TO DROP COURSES

Name: _____
(Please print/type)

Student #: _____

Degree: M.Eng M.ESc PhD

Status: Full-Time Part-time

Term: Fall Winter Summer

Year: _____

COURSE #	COURSE TITLE	REMARKS

Student's Signature _____

Date: _____

Supervisor's Name and Signature: _____

Date: _____

IMPORTANT

DEADLINE to submit the **signed** form to the Graduate office [SEB 3002A] is 4:00 p..m .

- **Fall Term: September 30th**
- **Winter Term: January 30th**
- **Summer Term: May 30th**

Course(s) dropped by this date will not reflect on the transcript.

When students withdraw after this date, but within eight weeks of the beginning of term, the course(s) stay on the transcript along with the notation "WDN" (withdrawn).

Course(s) dropped after eight weeks from the beginning of the term are recorded as "FAI" (failed).

The final responsibility for correct course enrolment is **yours**

FOR OFFICE USE ONLY

RECEIVED by: _____

Date: _____