# University of Arkansas at Monticello

## DROP FORM

**TERM:**

Semester/Year

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**Student Name:**

Last Name: ____________  First Name: ____________  UAM Student ID: ____________

**UAM Class #** | **UAM Sec** | **UAM Course** | **UAM Course Title** | **High School Course Name**
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* Dropping a course may impact future financial aid eligibility at UAM. Please contact finaid@uamont.edu for questions.

**Student Signature:** ________________________________________________________________________________  **Date:** ________________

**Counselor Signature:** ________________________________________________________________________________  **Date:** ________________

**UAM Advisor Signature:** ________________________________________________________________________________  **Date:** ________________

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**UAM USE ONLY**

SAP _____  Appeal _____  Exit Counseling _____  R2T4 _____  Other: ________________________________________________________________________________

**Financial Aid Signature:** ________________________________________________________________________________  **Date:** ________________