



University of Arkansas at Monticello

DROP FORM

TERM: _____
Semester/Year

Student Name: _____ **UAM Student ID:** _____
Last First

| 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: _____ | | | | |