FORT LEWIS COLLEGE

Skyhawk Station

Skyhawk Station, Room 160
skyhawkstation@fortlewis.edu | 970-247-7301

COURSE DROP (PRE-CENSUS)

_____ _____
Student ID Student Name

Course Information

◯ Fall ◯ Spring ◯ Summer **20**___ _____ _____
5 Digit CRN Prefix & Number (e.g. BIO 110)

_____
Course Title

If the above course has a related section with a different CRN, such as a lab or supplemental instruction (e.g. COMP 100), complete the following for that section:

_____	_____	_____	_____
5 Digit CRN	Prefix & Number (e.g. COMP 100)	Course Title	Credits

_____ _____
Student Signature Date

OFFICE USE ONLY

_____ Student Signature ____ Veteran?

Processed By: _____ Date: _____ QC: _____