



FLORIDA STATE UNIVERSITY  
COLLEGE OF ARTS & SCIENCES

## Undergraduate Request for One-Time Late Drop

Use your FSU student email to submit the completed form to [as-advising@fsu.edu](mailto:as-advising@fsu.edu).

Deadline for Fall 2023: Nov. 17, 2023

I am requesting to drop \_\_\_\_\_, for the Fall term 2023.  
(Course Prefix/Number)

### Your drop will not be processed unless you read and INITIAL each statement.

\_\_\_\_ I understand I can use only a single one-time late drop as an upper division student (60 or more hours).

\_\_\_\_ I understand that dropping this course will have Mapping, Bright Futures, and/or Excess Credit implications and could result in a hold being placed on my future registration.

\_\_\_\_ My signature below affirms there are no academic honor policy penalties or ongoing academic honor policy allegations related to the course I am requesting to drop. The drop will be rescinded if it is discovered that such issues exist or were resolved with sanction.

\_\_\_\_ I understand and agree that if I drop or withdraw from some or all of the classes for which I register, I will be responsible for paying all or a portion of tuition and fees in accordance with the published tuition refund schedule at [FSU-2.02417 Refund of Tuition and Fees](#). I have read the terms and conditions of the published tuition refund schedule and understand those terms are incorporated herein by reference. I further understand that my failure to attend class or receive a bill does not absolve me of my financial responsibility as described above.

If you are a Bright Futures recipient, that part of the tuition must be repaid fully.  
Please direct any specific questions you have about your financial aid package to the Office of Financial Aid at [fa-ofascholarships@fsu.edu](mailto:fa-ofascholarships@fsu.edu) and questions regarding fee liability to the Office of Student Business Services at [studentbusiness@fsu.edu](mailto:studentbusiness@fsu.edu).

Student Name (Print): \_\_\_\_\_

FSU Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*By typing my name here, I am electronically signing this form.*

College of Arts and Sciences Dean's Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
*For Office Use Only:*