



**EASTERN CONNECTICUT STATE UNIVERSITY**  
**REGISTRAR'S OFFICE • ALVIN B. WOOD SUPPORT SERVICES CENTER**  
 83 Windham Street • Willimantic, CT 06226 • Office: (860) 465-5224 Fax: (860) 465-4382

## INITIAL DROP FORM

(Submit to registrar@easternct.edu once completed)

**Dropping Courses:** Students may drop full-semester courses through the first two weeks of the semester. Students may drop less than full-semester courses within the first week of class.

Name: \_\_\_\_\_ Eastern ID #: \_\_\_\_\_  

Last
First
M.I.

Class (check one):  FR  SO  JR  SR Major: \_\_\_\_\_ Term/Year: \_\_\_\_\_  
 Graduate Program Registration Pin (full-time students only): \_\_\_\_\_

**ADD**

5-DIGIT CRN                      SUBJECT                      COURSE NO. / SEC.

		/
		/
		/
		/

**DROP**

5-DIGIT CRN                      SUBJECT                      COURSE NO. / SEC.

		/
		/
		/
		/

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only:**

Registrar's Office Approval: \_\_\_\_\_

Date: \_\_\_\_\_