



**UNIVERSITY OF THE SOUTHERN CARIBBEAN
STUDENT ADVISEMENT CENTRE
PREREQUISITE OVERRIDING FORM
DROP REQUEST (After Due Date)**

RECEIPT# _____

- MAIN CAMPUS SOUTH CAMPUS TOBAGO CAMPUS
 ANTIGUA CAMPUS BARBADOS CAMPUS ST LUCIA CAMPUS GUYANA CAMPUS

STUDENT'S NAME (last, first, other): _____

CONTACT No: _____ EMAIL ADDRESS: _____

USC I.D.No: _____ ACADEMIC YEAR: _____ SEMESTER: _____

MAJOR: _____ MINOR: _____ No. OF CREDITS COMPLETED: _____ CUMULATIVE GPA _____

SCHOOL: _____ FULL-TIME PART-TIME

COURSE ACRONYM <input type="checkbox"/> ADD <input type="checkbox"/> DROP	SECTION	TIME	DAY	
COURSE ACRONYM <input type="checkbox"/> ADD <input type="checkbox"/> DROP	SECTION	TIME	DAY	
COURSE ACRONYM <input type="checkbox"/> ADD <input type="checkbox"/> DROP	SECTION	TIME	DAY	
COURSE ACRONYM <input type="checkbox"/> ADD <input type="checkbox"/> DROP	SECTION	TIME	DAY	

STUDENT'S NAME

SIGNATURE

DATE

OFFICAL USE ONLY

DEAN'S COMMENTS

(Dean's comments and signature required only for dropping classes after the due date.
(No tuition fees will be refunded after the due date to drop classes as per the university's policy)

DEAN'S NAME

SIGNATURE

DATE

ACADEMIC ADMINISTRATION APPROVAL

SIGNATURE

DATE

ACADEMIC ADVISOR'S NAME

SIGNATURE

DATE