

Appalachian State University
Request for Medical Course Reduction

ASU grants undergraduate students four (4) career drops during their academic career to be used to drop courses after the published Drop/Add period and before the end of the 9th week of the Fall or Spring semester. **If you are requesting an exception to this policy based on a medical course reduction, you must visit Student Health Services (SHS) to obtain a letter of approval and attach it to this form prior to returning it to the Office of the Registrar.**

If you received or are receiving medical attention outside of Student Health Services, please be prepared to present the medical documentation to a Student Health Services representative. Please understand that without proper medical documentation your request for a medical course reduction may not be granted.

Full Name (Last, First, Middle) _____ Date _____

ASU Email _____ Banner ID _____ Phone _____

Course(s) for which medical reduction(s) is being requested:

Subject & Course Number _____ Title _____ Term/Year _____

Subject & Course Number _____ Title _____ Term/Year _____

Subject & Course Number _____ Title _____ Term/Year _____

Subject & Course Number _____ Title _____ Term/Year _____

Student Signature _____ Date _____

Return completed form and SHS letter of approval to:

Office of the Registrar
106 John E. Thomas Hall
Phone: (828) 262-2050

Office Use Only

Date Received in Registrar's Office: _____ By: _____