



SAINT JAMES SCHOOL OF MEDICINE

COURSE DROP REQUEST FORM

Administrative Office: C/o Human Resource Development Services Inc. • 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068
Phone: (847) 375 0543 • Fax: (847) 298 2539 • Web: www.sjsm.org • Email: Records@mail.sjsm.org

POLICY AND INSTRUCTIONS

Students in Basic Sciences have the right to drop a course they are taking for the first time before the drop dates. There are two Drop Dates in each semester.

- The first Drop Date will be the end of the third week of classes. Dropping the course at this point would result in the course being eliminated from the transcript as if it was never taken. The student would be eligible for refund only per billing policy and only if dropping all courses. Semester tuition does not get prorated.
- The second Drop Date is considered the end of the first week of block three. Dropping a course prior to this drop date, but after the end of the third week of class will result in a Withdrawal (W) grade for the course and would not impact the overall GPA of the program. The student would not be eligible for any refund. The student would be placed on Academic Probation and the next enrollment of the course would be considered a repeat. In the case of a failure of a repeat course, the student would be dismissed as per school policy with the ability to appeal the decision. The student would be charged the Repeat Rate tuition for the semester s/he decides to take this course in again.
- Dropping a course after the second drop deadline would result in an assignment of the course grade based on the performance for the entire semester, including missed periods. The refund policy of the school will apply if an LOA is taken after the start of the semester.
- The student is not allowed to drop a course s/he is repeating.
- Dropping all courses in the semester in Basic Sciences would require an approval of the Leave of Absence.
- To drop a course a Course Drop Request Form must be filled out and taken to the Dean of Basic Sciences for approval and signature and sent to the Registrar Services Department for completion.
- For the full Course Drop Policy please refer to the student catalog.

SEND COMPLETED FORM TO: Via Fax: (847) 298 2539 • Via Email: Records@mail.sjsm.org

Via Mail: Human Resource Development Services Inc., 1480 Renaissance Drive, Suite 300, Park Ridge, IL 60068

TO BE FILLED OUT BY STUDENT

*****ALL FIELDS ARE REQUIRED TO BE FILLED OUT OR WILL NOT BE PROCESSED*****

Full Name: _____ Student ID#: _____

Email: _____

Campus Anguilla St. Vincent

Course: _____

Course: _____

Course: _____

Course: _____

Course: _____

To be completed by Dean of Basic Science

Approved Denied: _____

Approved Denied: _____

Approved Denied: _____

Approved Denied: _____

Approved Denied: _____

I understand that by signing this form I agree to the above stated Course Drop Policy along with all financial and academic implications.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Approved Denied: _____

Remove Withdrawal

Dean Signature: _____

Date: _____

Registrar Signature: _____

Date: _____

Finance Signature: _____

Date: _____