



**STUDENT INFORMATION**

Student Name:		Date:	
Telephone:		Track:	

**COURSE INFORMATION**

I, the undersigned, request to drop the following course for the time period:

<b>Requested Action:</b>	<b>Term</b>	<b>Year</b>
<input type="checkbox"/> Drop a Course	<input type="checkbox"/> Fall	_____
Course ID # _____ Unit Value _____	<input type="checkbox"/> Winter	_____
Title _____	<input type="checkbox"/> Spring	_____
Reason for Drop _____	<input type="checkbox"/> Summer	_____
Instructor Name _____		

Student may drop a course without the course appearing on his/her transcript if s/he submits a Request to Drop a Class form to the Registrar's Office prior to the start of the quarter or within one week after the start of fall, winter, and spring quarters. Summer quarter drops must be submitted to the Registrar's Office prior to the first day of the quarter.

Any course dropped after the first week of the quarter is considered a withdrawal and the course will remain on the transcript, noted with a "W" grade.

The drop form is effective the date the Registrar's Office receives the completed and signed Request to Drop a Class form. Tuition will be refunded according to the refund schedule listed in the Student Handbook.

**Students must retake any dropped course and register for the course as indicated by their academic plan.**

Registrar's Office Fax Number: 805.565.3804  
Revised 6/2016

**Required Signatures:**

_____	_____
Student	Date
_____	_____
Registrar	Date
_____	_____
Student Accounts Office	Date
_____	_____
Financial Aid Office	Date
Drop Effective Date _____	Changed to PGI PT _____
Email Faculty _____	Email Housing _____
Email IT _____	Email PA/SAC _____
Grade Posted/Course Dropped/Course Deleted	