

Request to Drop a Class

| 0 | | Student ID | | |
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| Student Name: | | Number: | | |
| Telephone: | | Track: | | |
| | | | | |
| Standards must note | l | Course Information | in diseased but their eased on | |
| I, the undersigned, Requested A | have reviewed the drop police | d register for the course as in by and request to drop the fol | llowing course for the indicated by their academ lowing course for the indicated their academ lower academ lo | ated term & year: Year |
| ☐ Drop a Course | | | ☐ Fall | |
| Course ID # Unit Value | | | . Winter | |
| Title | | | _ Spring | |
| Reason for Drop | | | _ Summer | |
| Instructor Nar | ne | | - | |
| A student may drop a course without the course appearing on his/her transcript if a Request to Drop a Class form is received by the Registrar's Office prior to the start of the quarter or within one week | | Required Signatures: If emailing form, student must submit this form from their My.Pacifica.edu student email account. | | |
| after the start of fall, v Summer quarter drops Registrar's Office prio quarter. | | Student I certify that my typed name | e is my authorized signature | Date |
| Any course dropped after the first week & before the last day 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 | | Registrar | | Date |
| | | Student Accounts Office | | Date |
| to Drop a Class form. | mpleted and signed Request Tuition will be refunded d schedule listed in the propping coursework may d a student loan repayment | Financial Aid Office | | Date |
| | | Drop Effective Date En | _ | |
| Registrar's Office Fax | x Number: 805.565.3804 or r@pacifica.edu | Email D2L | Email PA/SAC | |
| Scan/email to registrar Revised 8/2022 | | Course Deleted/Course Dropped/Grade Posted | | |