



# Request to Drop a Class

STUDENT INFORMATION			
Student Name:		Student ID Number:	
Telephone:		Track:	

COURSE INFORMATION			
<b>Students must retake any dropped course and register for the course as indicated by their academic plan.</b>			
I, the undersigned, have reviewed the drop policy and request to drop the following course for the indicated term & year:			
<b>Requested Action:</b>	<b>Term</b>	<b>Year</b>	
<input type="checkbox"/> Drop a Course	<input type="checkbox"/> Fall	_____	
Course ID # _____	<input type="checkbox"/> Winter	_____	
Unit Value _____	<input type="checkbox"/> Spring	_____	
Title _____	<input type="checkbox"/> Summer	_____	
Reason for Drop _____			
Instructor Name _____			

<p>A student may drop a course without the course appearing on their 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 after the start of fall, winter, and spring quarters. Summer quarter drops must be received by the Registrar's Office <u>prior</u> to the first day of the quarter.</p> <p>Any course dropped after the first week &amp; before the last day of the quarter is considered a withdrawal and the course will remain on the transcript, with a "W" grade.</p> <p>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 policy listed in the Student Handbook. Dropping coursework may affect financial aid and a student loan repayment schedule.</p> <p>Registrar's Office Fax Number: 805.565.3804 or Scan/email to registrar@pacifica.edu Revised 8/2024 RO rcvd date:</p>	<p><b>Required Signatures:</b> If emailing form, student must submit this form from their My.Pacifica.edu student email account.</p> <p>_____ Student _____ Date _____ <input type="checkbox"/> I certify that my typed name is my authorized signature</p> <p>_____ Registrar _____ Date _____</p> <p>_____ Student Accounts Office _____ Date _____</p> <p>_____ Financial Aid Office _____ Date _____</p> <p>Drop Effective Date _____ NSC Status Change _____</p> <p>Changed to PGI PT _____ Email Faculty _____ Email GS _____</p> <p>Email D2L _____ Email PA/SAC _____</p> <p>Course Deleted/Course Dropped/Grade Posted _____</p>
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