



PACIFICA
GRADUATE INSTITUTE

Request to Drop a Class

STUDENT INFORMATION

Student Name:		Student ID Number:	
Telephone:		Track:	

COURSE INFORMATION

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

I, the undersigned, have reviewed the drop policy and request to drop the following course for the indicated term & year:

Requested Action:

☐ Drop a Course

Course ID # _____

Unit Value _____

Title _____

Reason for Drop _____

Instructor Name _____

Term

☐ Fall

☐ Winter

☐ Spring

☐ Summer

Year

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 prior to the first day of the quarter.

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, 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 policy listed in the Student Handbook. Dropping coursework may affect financial aid and a student loan repayment schedule.

Registrar's Office Fax Number: 805.565.3804 or
Scan/email to registrar@pacifica.edu
Revised 8/2025 RO revd date: _____

Required Signatures: If emailing form, students must submit this form from their My.Pacifica.edu student email account.

Student _____

Date _____

☐ I certify that my typed name is my authorized signature

Registrar _____

Date _____

Student Accounts Office _____

Date _____

Financial Aid Office _____

Date _____

Drop Effective Date _____ NSC Status Change _____

Changed to PGI PT _____ Email Faculty _____ Email GS _____

Email D2L _____ Email PA/SAC _____

Course Deleted/Course Dropped/Grade Posted _____