

Name	Last	First
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Student ID

Date

Regular drop entered as of
"W" drop entered as of
COMPLETE DROP as of

TAFT COLLEGE DROP CLASS FORM

After initial registration any change in class schedule must be made with this form											
(CRN) Course Registration #	Course	Course #	Section	Fitle	Instructor	Units	Days	Room #			
Student's *Instructor's Signature Signature											
Short term Class: Required by Instructor - Please select the appropriate drop type below:											
Section Change: No Show (student did not show/partic											
Units remaining:											
			G	r C (

Counseling Center

Revised 9/27/21 TP

Term and Year