



Name _____ Last _____ First _____

Student ID _____

Date _____

Term and Year _____

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 | Title | Instructor | Units | Days | Room # |
|-----------------------------|--------|----------|---------|-------|------------|-------|------|--------|
| | | | | | | | | |

Student's Signature _____

*Instructor's Signature _____

Short term Class: _____

Section Change: _____

Units remaining: _____

Required by Instructor - Please select the appropriate drop type below:

No Show (student did not show/participate at all):

Instructor Drop (student showed then stopped showing/participating):

If Instructor Drop, last date of attendance/participation: _____

Counseling Center