

Signature\_\_\_

Short term Class: \_\_\_\_\_

Section Change: \_\_\_

Units remaining: \_\_\_

<b>TAFT</b> COLLEGE					Name	Last	First	
					Student ID			
					Date			
Term and Year	Т	AFT COL	LEGI	E DROP	"W" dro	drop entered_ a p entered as of _ ETE DROP as of		
	A	fter initial registratio	n any chang	ge in class schedul	le must be made with thi	is form		
(CRN) Course Registration #	Course	Course #	Section	Title	Instructor	Un	its Days	Room #
Student's Signature	1			*Instruc Signatur				
Short term Class:								
Section Change:				Advisor Signatur	's re			
Units remaining:				Signatui				
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(CRN) Course Registration #	Course	Course #	Section	Title	Instructor	Un	its Days	Room #
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Signature

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Advisor's