



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

Table with columns: (CRN) Course Registration #, Course, Course #, Section, Title, Instructor, Units, Days, Room #

Student's Signature

\*Instructor's Signature

Short term Class:
Section Change:
Units remaining:

Advisor's Signature

Counseling Center



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