



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 9 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:

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:

Please email completed form to admissions@taftcollege.edu

Counseling Center

Revised 08/24/22 TP