

Drop/Withdrawal Request Form



Guidelines:

1. Complete this form with all of the required information listed below.
2. Return the form to the Registrar's Office of the Host Institution where you are registered to take a course.

Please note that per PCHE guidelines, you are required to meet the Host Institution's Drop and Withdrawal Deadlines for the given semester in which you are registered for the course, otherwise your request will not be fulfilled.

Section 1: General Information

Home Institution Student ID: _____ Host Institution Student ID: _____

Birth Date (mm/dd/yy): _____ Phone Number: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Section 2: Institution Information

Home Institution: _____

Host Institution: _____

Semester/Term: _____ Year: _____

Course # and Section	Course Title	Credits/Units	Days	Times

Section 3: Registration Change

I wish to: **DROP** **WITHDRAW** from my course (please be aware of the deadline for your host institution when choosing an option)

Section 4: Signatures

Student: _____ Date: _____

mm/dd/yyyy

Host Registrar: _____ Date: _____

mm/dd/yyyy

DROP

WITHDRAWAL

Approved

Denied

Remarks: _____

