

California Institute for Human Science

REQUEST TO DROP CLASS

Circle the appropriate quarter and fill in year:

FOR OFFICE USE ONLY

QUARTER: FALL 20
WINTER 20
SPRING 20
SUMMER 20

Dean of Adm. Approval
Student Notified
Date
By

Name:

Date:

Table with 5 columns: Course #, Course Title, Instructor, Class Hrs./ Tol Hrs., Program Director. Includes signature lines for Instructor and Program Director.

Instructions:

Withdrawing from all classes - Yes No

- 1. State specifically the reason you must withdraw:
2. For each class listed, obtain signatures of Instructor and Program Director.
3. Submit approved REQUEST TODROP CLASS form to the Admissions Office...

THIS FORM WILL BECOME PART OF THE STUDENT RECORD FILE

Student Name

Date

Student Signature

Telephone

Address

City State ZIP

E-mail address