

Drop/Withdrawal Request Form



Guidelines:

1. Please complete this form with all 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): _____

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

Preferred First Name (if different than legal name): _____

Section 2: Institution Information

Home Institution:

Host Institution:

Semester/Term: _____ Year: _____

| Course # and Section | Course Title | Credits/Units |
|----------------------|--------------|---------------|
|----------------------|--------------|---------------|

Section 3: Change Registration (Please be aware of the deadline for your host institution when choosing an option)

I would like to: Drop
 Withdraw

Section 4: Signatures

Approved Denied

Student: _____ Date: _____
mm/dd/yyyy

Drop

Host Registrar: _____ Date: _____
mm/dd/yyyy

Withdraw