

# 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: \_\_\_\_\_

Host Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

	Approved	Denied
DROP		
WITHDRAWAL		

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_