CALIFORNIA STATE UNIVERSITY, LOS ANGELES
OFFICE OF THE REGISTRAR

DROP REQUEST FORM

PRINT NAME _______________________________________________________  QUARTER _________________________  YEAR ________________
(Last)   (First)   (M.I.)

E-MAIL:  __________________________________________________________ PHONE NUMBER:  ____________________________________

CAMPUS IDENTIFICATION NUMBER:  ____  ____  ____  _____  _____  _____  _____  _____  _____       DATE SUBMITTED ______/______/______

State serious and compelling reasons as to why you must drop this course(s):
____________________________________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________________________________

Student’s Signature __________________________________________________________________________________________________

Date _____________________________________________________________________________________________________________

DROPS

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<tr>
<th>SUBJECT</th>
<th>CATALOG NUMBER</th>
<th>CLASS NUMBER</th>
<th>SECTION NUMBER</th>
<th>UNITS</th>
<th>INSTRUCTOR SIGNATURE</th>
<th>DEPT/DIVISION Chair*</th>
<th>DATE</th>
<th>COLLEGE DEAN**</th>
<th>DATE</th>
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“W” DROP PERIOD

Policy requires that all drops after the 7th day of instruction be for serious and compelling reasons ONLY.

DROPS:
† NO-RECORD DROP, USE GET or STAR – Drops completed by the seventh day of instruction DO NOT require department/division/instructor approval.

* “W” DROP PERIOD – Drops may be considered only for serious and compelling reasons and require the signatures of instructor and appropriate department/division chair. Documentation to support serious and compelling reasons may be required.

** EMERGENCY WITHDRAWAL PERIOD – Drops may be considered only for reasons deemed to be serious and compelling and require the signatures of instructor, department/division chair and school dean. Drops requested during this period usually involve total withdrawal from all classes.

3. After Emergency Withdrawal period, an appeal and official documentation to support request is required.

4. SUBMIT COMPLETED FORMS – to the Office of Enrollment Services, Admin. 146, with your Golden Eagle Card.

For assistance in completing this form, call or visit the Office of Enrollment Services, Admin. 146, (323) 343–3840.

† Saturdays are included as “days of instruction”, Sundays and holidays are not.

Revised 9/03