



Drop Form

Submit Completed form through your student email to ccadmissions@yosemite.edu.
Forms will **NOT** be accepted prior to your registration date and time.

Today's Date: _____

Student Information

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

Student ID: w _____ Birthdate: _____ Phone Number: _____

Course Information

Term/Year: Fall _____ Spring _____ Summer _____

Section #	Course Name & Number	Access Code	Refund Date	Census Date
4040	CART-1	1234	08/27/2020	Office Use Only

By signing this form I agree to the following:

1. The Admissions & Records department will drop me immediately from the courses listed above.
2. I understand the drop(s) will not be processed if:
 - a. the "drop deadline" has passed for the course.
 - b. the "refund deadline" for the course has passed and I owe fees.
 - c. there are outstanding obligations or holds on my account,

Student Signature: _____ Date: _____

OFFICE USE ONLY

Registered by: _____ Date: _____ ID Verified

Comments: _____