

**SAMUEL MERRITT COLLEGE**

Office of the Registrar

510.869.1550

\_\_\_\_\_  
Student Name (Last name, First name)

\_\_\_\_\_  
Student ID

**DROP FORM**

Return this form to the Registrar's Office,  
450 30<sup>th</sup> St., Suite 2802 Oakland, CA 94609

\_\_\_\_\_  
Term (Fall, Jan, Spring, Summer)

\_\_\_\_\_  
Today's date

DEPT	COURSE #	SECTION #	COURSE TITLE	SCHEDULE	INSTRUCTOR'S SIGNATURE

\_\_\_\_\_  
Advisor's signature (**REQUIRED**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's signature (**REQUIRED**)

\_\_\_\_\_  
Date

Changes for the 15 week term may be made in the student schedule through the end of the second week of instruction without academic or financial penalty. Changes for the four week term may be made through the second day of the term. The instructor's signature is required either to DROP or ADD a course for all terms. The student is academically and financially responsible for courses in which enrolled as of the close of the DROP/ADD period.