

# Class Drop Form

Formulario de baja de clase



SBCC ID Number: K \_\_\_\_\_ ( if you know it, thank you)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature (typed OK): \_\_\_\_\_ Date: \_\_\_\_\_

## Class(es) to Drop

<b>Section CRN</b> # de sección de la clase	<b>Subject</b> Nombre de la clase

**Email to:**

**SELAdmissions@sbcc.edu**

**OR: Scan or send a digital photograph of this completed form**

For Office Use Only:

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_