EVC OFFICE OF ADMISSIONS & RECORDS

Instructor Initiated Drop Form

Evergreen Valley College

Please drop the following students:

Faculty Name

Semester/Year

Student ID#	Student Name: Last, First	Reg.ID#	Dept. & Course #	Section #	Drop Date	**Office Use**

Instructor Signature **Date**

NOTE: Return this form to the EVC A&R Office | Tiffani.Lam@evc.edu

**** This form will not be processed after the 'W' period**

Rev 09/22