_____
DATE RECEIVED

BIOLA UNIVERSITY'S BOLD PROGRAM
DROP FORM

❑ PRE-MAJOR ❑ POST-MAJOR
❑ BOLD GROUP _____

LAST NAME | FIRST NAME MI | PHONE/EXT

ARRANGED COURSE BEGIN DATE: _____
END DATE: _____

STUDENT ID# | MAJOR CODE

TERM #	CALL #	COURSE KEY & SECTION #	COURSE TITLE	UNITS	Indicate if Repeat or Audit

***NOTE:** *If dropping down to zero (0) units, a Departure Card must be submitted*

_____
ADVISOR'S SIGNATURE

Office Use Only

Received by _____ Processed by _____ ❑ Paid Fee $_____
Date _____ Date _____ ❑ Bill Fee $_____

_____
STUDENT'S SIGNATURE

Rev 2.2.09

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