

# Course Drop/Withdrawal Form

## CEIE Registration Course Drop Form: Credit and Non-Credit Courses

California State University, Dominguez Hills  
College of Continuing & Professional Education  
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COLLEGE OF CONTINUING &  
PROFESSIONAL EDUCATION

► **TO SUBMIT THIS FORM, SIGN and FAX to (310) 516-3971, or CLICK **SUBMIT** to send to [ceereg@csudh.edu](mailto:ceereg@csudh.edu).**

**Course drop effective date will be the date the COMPLETED form with SIGNATURE is RECEIVED in the CCPE Registration Office**  
(please keep your email or fax confirmation as a reference of the form submission date)

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

\_\_\_\_\_  
Semester/Term

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

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

\_\_\_\_\_  
MI

Please feel free to view our updated refund and drop policies and procedures available on our website.

| CRN# | DEPT. / PROGRAM | COURSE NO. | SECTION | #of UNITS<br>(if applicable) | COURSE START DATE |
|------|-----------------|------------|---------|------------------------------|-------------------|
|      |                 |            |         |                              |                   |
|      |                 |            |         |                              |                   |
|      |                 |            |         |                              |                   |
|      |                 |            |         |                              |                   |
|      |                 |            |         |                              |                   |

I certify that I am responsible for any changes to my schedule and the resulting drop and refund processes (if applicable) associated with the submission of this document.

X

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### CCPE Registration Office Use Only

Term: \_\_\_\_\_

Refund Amount: \_\_\_\_\_

Date: \_\_\_\_\_

Refund Applicable (Y or N): \_\_\_\_\_

Processed By: \_\_\_\_\_

Comments: \_\_\_\_\_

Updated Sept. 2022