

DROP SLIP



WEST VALLEY COLLEGE 14000 Fruitvale Avenue Saratoga, CA 95070 (408)741-2001

SUMMER FALL WINTER SPRING YEAR _____

COLLEGE ID NUMBER or SOCIAL SECURITY NUMBER _____

NAME _____ PHONE _____
LAST FIRST M.

*NOTE: CHEM., P.E., AND PHOTO CLASSES REQUIRE AUTHORIZED SIGNATURE _____
Authorized Signature

SECTION #	COURSE NAME & NUMBER	INSTRUCTOR	DAYS	HOURS	UNITS

ADMISSIONS & RECORDS _____ DATE _____ STUDENT OR INSTRUCTOR SIGNATURE _____ DATE _____

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