**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

- LAST
- FIRST
- M.

### PHONE

- 

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

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<th>SECTION #</th>
<th>COURSE NAME &amp; NUMBER</th>
<th>INSTRUCTOR</th>
<th>DAYS</th>
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**ADMISSIONS & RECORDS DATE**

**STUDENT OR INSTRUCTOR SIGNATURE DATE**

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**RETURN TO ADMISSIONS & RECORDS OFFICE**