BIOLA UNIVERSITY

BOLD PROGRAM DROP FORM

_____
DATE RECEIVED

❑ 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 10.06