

# PATERSON PUBLIC SCHOOLS



90 DELAWARE AVENUE  
PATERSON, NEW JERSEY 07503

## DROP COURSE FORM

(PLEASE PRINT)

Date \_\_\_\_\_ Soc.Sec. # \_\_\_\_\_ Purchase Order # \_\_\_\_\_

\_\_\_\_\_  
Name of APPLICANT / Position / School or Location

\_\_\_\_\_  
Home Address / Home Telephone #

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Dropped Course Number and Title

Semester \_\_\_\_\_ # of Credits \_\_\_\_\_  
Semester Year

Date Course Began \_\_\_\_\_ Date Course Ends \_\_\_\_\_

\_\_\_\_\_  
Name of College or University

Bargaining Unit: Circle One (PPA, PAA, PEA, PEASecr, PEA-IA, NON-B, NON-BCSecr, PCDA, other)

Signature of Applicant: \_\_\_\_\_

.....FOR OFFICE USE ONLY.....

Remarks:

\_\_\_\_\_  
Superintendent of Schools/Designee / Date

Submit in Triplicate: White and Yellow to SUPERINTENDENT/signed Pink to Employee

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