

Class Drop Form

Please print:	
Name of student:	
Class from which withdrawing:	
Requested effective date:	
Reason for withdrawing:	
Parent/Guardian Name:	
Parent's/Guardian's Signature:	Date
Teacher's Signature:	Date
Current Grade: (required after 6th week)	
Academic Director's Signature:	Date
Head of School Signature:	Date

Withdrawal Policy:

Students will be considered still enrolled in the course until the withdrawal form is filled out properly and turned into the office.

Students withdrawing from academic classes <u>after the end of week six of the semester</u>, will receive **Withdraw/Passing** (W/P) or **Withdraw/Failing** (W/F) on their transcripts.

Office Use Only:	Office	Use	Only:
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- **u** Tuition adjusted-invoice revised
- □ FACTS notified/changed/canceled
- □ Class enrollment changed

Office Use Only: Withdrawal/Passing

_____ Withdrawal/Failing

_ Expunged