

COURSE DROP | WITHDRAWAL | REFUND REQUEST

TO BE COMPLETED BY STUDENT

Date: _____

First Name: _____

Last Name: _____

Preferred Name: _____

Phone Number: _____

Course(s): _____

Course Drop/ Withdrawal Reason: _____

Signature of Student: _____

Date: _____

TO BE COMPLETED BY PARENT

I, _____, confirm that my son/daughter, _____, will be dropping
the following course(s): _____.

Signature of Parent: _____

Date: _____

Office Use Only:

Date received: _____

Date received by records: _____

When was the course dropped?

- Refund (within 2 weeks)
- Withdraw (within 2 weeks)
- Drop (after 2 weeks)

If refund of fees is given, complete the following:

- Updated payment log on Database
- Update communication log
- Update Sales log

If the refund is after two weeks, please write who approved it: _____

Signature of Administrator: _____

Signature of Records Clerk: _____