

COURSE HOLD REQUEST

*** Please be advised that there is a \$25.00 fee to process your hold request & your hold request is subject to approval by the school.

TO BE COMPLETED BY STUDENT:

First Name: _____ Last Name: _____

Preferred Name: _____ Phone Number: _____

Course(s) requested to be on hold: _____

Reason for hold: _____

Please read and initial each of the following:

1. The requested course will be placed on hold for only a period of two (2) months.
2. If I do not activate the course, before the 2 months expire, by informing the administration, I will be dropped from the course and receive the grade I earned prior to the hold request.
3. I can put a course on hold only once per course.
4. When I reactivate the course, I will have to complete the course in the time remaining prior to putting the course on hold (i.e.: if you have completed 2 out of the 4 months allocated to the course, you will have only 2 months to complete the remaining coursework).
5. I understand that in order to reactivate my course I will have to attend a reorientation.

Signature of Student: _____ Date: _____

TO BE COMPLETED BY PARENT

I, _____, confirm that my son/daughter, _____, will be placing the following course(s) on hold: _____. I have read and understood the above conditions.

Signature of Parent: _____ Date: _____

Office Use Only:

Date received: _____ Date approved: _____

Checklist:

- Student advised of the decision and information
- Updated on iLearn Database
- Payment received
- Email student with details