



You may complete this form online, but print the form, obtain parent signature, and submit it to your counselor.

Counselor:

# Request to Drop Form

Student Name: <b>First:</b>		<b>Last:</b>		<b>M.I.:</b>
ID:	Grade:	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Year:
Current PUSD School:				
Parent Name:			Parent Email:	
Reason for dropping:				
What could eCampus have done to better support you?				

**I am requesting to drop the following eCampus course(s):**

Name of eCampus course	Name of teacher

I understand that by signing this form, I have agreed to the withdrawal/refund policies of the course as outlined in the Student/Parent Handbook. I understand that if I drop the class two weeks after the first grade in progress, then an "F" will appear on my transcript if I am failing the course. If am earning a passing grade and drop the class after this time, the grade will appear as a "W" on my transcript.

**Important Notes:**

- I understand that tuition will ONLY be reimbursed within the first two weeks of the semester.
- Student must contact eCampus office at 623.412.5345 if intending to drop any summer courses.
- Counselor signature not required to drop summer courses.

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Counselor Signature and Date

Parent Signature and Date

Student Signature and Date