

# HIGH SCHOOL ACADEMY/STUDENT DROP FORM

**Please note:** *Withdrawals are permitted prior to 75% completion of the class sessions.*

Form must be completed in its entirety. Please contact your Instructor, High School Counselor, or the High School Academy Specialist with any questions. Please sign the form and submit it to your High School Counselor.

**Drop for:**     ☐ Entire Academy    ☐ Selected Class(es)

Last Name:	First Name:	Middle Name:
CVTC Student ID:	@00	
Date of Birth (DOB):		
High School Name:		
CVTC Term (Select One)	Fall_____ Spring_____ Summer_____	Year: 20____

*Section below to be completed by Instructor, Counselor, or High School Academy Specialist.*

CVTC Course Title	CRN or Course Number (Required)

**Reason for Withdrawal:** *Please list a reason for withdrawing from this Academy.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HS Counselor/Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If sent by High School Counselor:** Please send a secure email with a copy of this form to CVTC K12 Relations at [hsacademies@cvtc.edu](mailto:hsacademies@cvtc.edu) so that the drop will be officially recorded. Please contact a High School Academy Specialist Advisor to see how this drop could impact the Financial Aid SAP standards completion rate requirement (students must successfully complete 67% of the credits attempted).

**If sent by Student:** Please send a copy of this form to CVTC K12 Relations at [hsacademies@cvtc.edu](mailto:hsacademies@cvtc.edu) from your **CVTC** or **high school email** so that the drop will be officially recorded. Please contact a High School Academy Specialist Advisor to see how this drop could impact the Financial Aid SAP standards completion rate requirement (students must successfully complete 67% of the credits attempted).

If you have questions, please call the following phone number: 715-852-1365.