

CAPP DROP/WITHDRAWAL FORM

Name		High School:	
High School Instruct	or's Name:		
Please (<i>circle one</i>) <u>D</u>	ROP OR WITH	<u>DRAW</u> the following cou	rse(s) from my schedule:
COURSE #	<u>LAB</u>	TITLE	
			
			
Student's Signature			 Date
Parent's Signature			 Date
	erm. Course v	vithdrawal dates can be f	st do so in accordance with the withdrawal dates ound on the academic calendar published here:
To withdraw from a	CAPP course,	students must complete	the withdraw form.
			hed final withdraw date in a term receives a grade of late for the term receive a grade of F
There is no financia	l refund for wi	thdrawals.	
		For Office	Use Only
Co	mputer Updat	For Office	•