

Course Withdrawal Form

Please submit directly to Student Records department, by mailing form to KPSAHS, Attn: Student Records, 938 Marina Way South, Richmond, CA 94804, faxing form to 510-231-5155, or emailing form to records@kpsahs.edu. All forms received via email must be sent from an email address on file with KPSAHS.

Student Name: _____

Student ID Number: _____

KPSAHS Program: _____

Expected Date of Graduation: _____

Current Street Address: _____

Current City, State, Zip: _____

Preferred Phone: _____

Preferred Email: _____

Please withdraw me from the individual course (s):

List course(s) below:	List withdrawal reason(s) below:

By signing below, I acknowledge I understand the consequences of this withdrawal on my grades, eligibility to re-enroll, my date of graduation, and my eligibility for a tuition refund (if any).

Student Signature: _____ Date: _____

Office Use Only		
Date Received: _____	Received By: _____	Completed By: _____