

## 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 855-849-3381, or emailing form to [KPSAHS-Student-Records@kp.org](mailto:KPSAHS-Student-Records@kp.org). 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 <i>course(s)</i> 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: \_\_\_\_\_

STUDENT RECORDS USE ONLY:

\_\_\_\_\_  
Date Request Received

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date Request Processed

\_\_\_\_\_  
Completed By