

Program 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. 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 my full program of study and all courses in which I am enrolled.

Withdrawal Reason: _____

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