

You may complete this form online, but print the form, obtain parent signature, and submit it to your counselor.

<h1 style="margin: 0;">eCampus Virtual High School</h1> <p style="margin: 0;">Contact Us: 623.412.5476</p>			<h2 style="margin: 0;">Request to Drop Form</h2>
Name: First:		Last:	M.I.:
ID:	Grade:	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:
Current PUSD School:			
Reason for dropping:			

I am requesting to drop the following eCampus course(s):

Name of eCampus course	Name of teacher

I understand that by signing this form, I have agreed to the withdrawal/refund policies of the course as outlined in the [Student/Parent Handbook](#). I understand that if I drop the class two weeks after the first grade in progress, then an "F" will appear on my transcript if I am failing the course. If am earning a passing grade and drop the class after this time, the grade will appear as a "W" on my transcript.

Important Notes:

- I understand that tuition will **ONLY** be reimbursed within the first two weeks of the semester.
- Student must contact eCampus office at 623.412.5476 if intending to drop any summer courses.
- Counselor signature not required to drop summer courses.

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Counselor Signature and Date

Parent Signature and Date

Student Signature and Date