



WITHDRAWAL FORM

Please fill out this form completely.

Check the area that applies, please use one form per student.

Student's Name _____ Guardian's Name _____

Date of Withdrawal _____ Phone Number: _____

_____ Please withdraw student from ALL classes.

_____ Please withdraw student from the following classes:

Class	Day	Instructor	Time
	S M T W Th F St		
	S M T W Th F St		
	S M T W Th F St		

Reason for withdrawal (optional):

Class too difficult Class too easy Too many classes Schedule conflict Other: _____

Requested by:

Parent/Guardian Signature Date

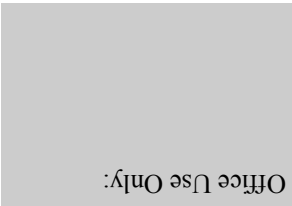
Approved by:

Director's Signature Date

Office Use Only:

Note: November 5, 2006 is the last day to withdraw from class *without* financial penalties. Please refer to VSA policies for details. All withdrawal forms must be turned in to the VSA Director or Administrative Assistant.

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