

## **College in High School**

**TEACHER**: <u>Scan & email</u> this completed form to <u>aspirehelp@pitt.edu</u> by the deadline indicated below

## COURSE DROP (D) / WITHDRAWAL (W) REQUEST

All signatures are required. This form must be returned to your teacher by the deadline listed.

## **Student Section**

**Drop or Withdrawal:** Based on the length of your course and drop/withdrawal deadlines, please indicate whether your request is to drop or withdraw (check only one):

Full Year  ☐ Drop ☐ Withdrawal	Aug	Sep	Oct 10/16 Dr	Nov	Dec	Jan	Feb 3	Mar /1 Withdr	Apr aw	May	Jun
First Semester  ☐ Drop ☐ Withdrawal	Aug	Sep	Oct 10/16 Dro	Nov	Dec 12/13 With	draw			_		
Second Semester  ☐ Drop ☐ Withdrawal						Jan	Feb	Mar 3/16 Dro	Apr	May 5/1 With	<b>Jun</b> ndraw
By selecting "Drop," I understand:  • Tuition will be refunded  • No record of the course will appear on my University of Pittsburgh transcript for this course  By selecting "Withdrawal," I understand:  • Tuition will not be refunded  • A grade of "W" will appear on my University of Pittsburgh transcript for this course.  In the section below, please briefly describe the reason for the drop or withdrawal request:											
College in High School Course (Please Print)				Name of High School (Please Print)							
Student Name (Please Print)	Pitt Student ID#			_	Student	Signati	nature			Date	:
Parent/Guardian Section  I support the decision for the student above to drop or withdraw from the course listed.											
Parent Name (Please Print)					Parent S	Signatuı	re			Date	:
Teacher Section  I support the decision for the student above to drop or withdraw from the course listed.											

Teacher Signature

Date

Teacher Name (Please Print)