



Senior to Sophomore Drop/Withdrawal

To drop or withdraw from a Senior to Sophomore course, this form must be completed and mailed or faxed to Kay Sebastian, S2S Program Director. Check the S2S Calendar for Drop and Withdraw deadlines. Be sure to include reason for change and signatures from both student and high school counselor. Fax number: 320- 308-5041. Any questions, call Kay at 320-308-5535 or Patty at 320-308-5758. Email: kcsebastian@stcloudstate.edu or padyslin@stcloudstate.edu

STUDENT'S NAME: _____

SOCIAL SECURITY NUMBER: _____

COURSE NAME: _____ TERM: _____

HIGH SCHOOL: _____

Please drop this student. Last day of attendance: _____

Please withdraw this student. Last day of attendance: _____

PLEASE STATE REASON FOR DROP/WITHDRAWAL:

Student Signature Date

High School Counselor Signature Date

Senior to Sophomore Director Signature Date

Office Use Only:
Sent to Records: _____
Confirmation sent to high school counselor and student: _____