



Drop/Withdrawal Form

To drop or withdraw from a Senior to Sophomore course, this form must be completed and mailed emailed to the 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.

Mail: St. Cloud State University
S2S Office, BH 115
720 4th Avenue South
St. Cloud, MN 56301

Email: smjordahl@stcloudstate.edu

For any questions, please contact Susan Jordahl, S2S Program Interim Director, at 320-308-5535 or smjordahl@stcloudstate.edu or Patty, the S2S Administrative Assistant, at 320-308-5758 or padyslin@stcloudstate.edu.

STUDENT'S NAME: _____ SCSU TECH ID: _____

COURSE NAME: _____ COURSE ID: _____ TERM: _____

HIGH SCHOOL: _____

Please drop this student. Last day of attendance: _____

Please withdraw this student. Last day of attendance: _____

(When a student withdraws from a class, the course does not affect GPA, but will be included when computing the *percentage of credits completed* as required for Financial Aid. For more information please see:

www.stcloudstate.edu/financialaid/policies/SatisfactoryAcademicProgress.asp)

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: _____