



2019 - 2020

Withdrawal Form

University in the High School Program - ONLY

Student Name: _____

Albany ID #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ E-mail: _____

High School: _____

Teacher: _____

Course Withdrawing From: _____

Course Number Withdrawing From: _____

Circle Session: Summer Fall Full Year Spring

I read and understand the University in the High School Program Course Withdrawal Policy detailed in the Student/Parent Guide or on the UHS website at www.albany.edu/uhs. I understand that withdrawals in accordance with the Withdrawal Schedule will result in a permanent grade of "W" (non-punitive). I am aware that I will not receive a refund for withdrawing.

I agree to these terms and conditions and respectfully request that I be withdrawn from the above-mentioned course.

Student Signature: _____

Date: _____

Withdrawal notification will not be accepted if received after the following postmark dates:

Summer: 7/26/19 Fall: 11/30/19 Full Year: 2/12/20 Spring: 4/15/20

-----*For Office Use Only*-----

Paid: _____ Processed: _____ Note: _____