



SPRING SEMESTER 2024

CAREER ENRICHMENT CENTER WITHDRAWAL/CHANGE FROM CLASS

This form needs to be filled out & returned by counselor(s)

Student Name: _____ Date: _____

ID # _____ Home High School: _____ Grade: _____

DROP THE FOLLOWING:

CEC Class _____ Spring Semester Session ____

CEC Class _____ Spring Semester Session ____

Reason for drop: ___Conflict ___Changed Mind ___Parent Request ___Other ___IEP

Comments: _____

(*Students dropping the class before the 1st 6 weeks of Spring semester will not be penalized with a WF and will not have to pay CEC course fees as long as this form comes from a counselor acknowledging the reasons for drop and a check of credits)

EMAIL FILLED AND SIGNED FORM TO:

Amanda Cortez
CEC REGISTRAR
amanda.cortez@aps.edu

COUNSELOR OF HOME HIGH SCHOOL (Full Name)

COUNSELOR SIGNATURE