



FALL SEMESTER 2021

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 _____ Fall Semester Session _____

CEC Class _____ Spring Semester Session _____

CEC Instructor Name _____

Reason for drop: Conflict Changed Mind Parent Request Other IEP

Comments: _____

(*Students dropping the class before the 1st 6 weeks of Fall 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)

RETURN FILLED AND SIGNED FORM TO:

Amanda Cortez
CEC REGISTRAR
amanda.cortez@aps.edu
e-mail preferred or
fax # (505) 848-9421

COUNSELOR OF HOME HIGH SCHOOL (Full Name)

@aps.edu (_____) _____
COUNSELOR CONTACT INFORMATION

*Before the end of the 1st 6 week grading period of the Fall Semester I understand my son/daughter will not be penalized for dropping a CEC class as long as the school counselor sends CEC the form. After 6 weeks of class, I understand that my son/daughter will receive a W/F (withdrawn failure) grade, which will appear on the transcript as a semester grade and will be a permanent part of the cumulative grade point average. I also understand that the W/F grade is computed as an F and is included in the determination of academic eligibility for athletics and/or activities. Furthermore, this may result in an open period in my student's schedule if another class is not able to be scheduled.

STUDENT SIGNATURE

DATE

PARENT OR GUARDIAN*

DATE

PARENT SIGNATURE IS NOT REQUIRED AFTER SIX WEEKS AS LONG AS THIS FORM COMES FROM THE COUNSELOR