

**Virtual Arkansas  
Concurrent Campus  
Drop Form 2016-2017**

Fill out completely, scan to email at [toni.carter@virtualarkansas.org](mailto:toni.carter@virtualarkansas.org) or  
FAX to 870.367.8179

<b>Date Rec'd</b>	<b>Final Count</b>	<b>Spreadsheet/Roster/ Hard Copy</b>	<b>Univ/VA</b>	<b>RR</b>
FOR USE BY CONCURRENT CAMPUS				

**There may be an additional form from your post-secondary institution.**

**The school is responsible for the drop fee that is charged by the partnering institution.**

Date \_\_\_\_\_

Student Name \_\_\_\_\_

School District \_\_\_\_\_

Course Name \_\_\_\_\_

Instructor \_\_\_\_\_

Semester \_\_\_\_\_

Post-Secondary Institution \_\_\_\_\_

Reason for dropping \_\_\_\_\_

\_\_\_\_\_  
\*Signature of Counselor/Principal \_\_\_\_\_

***Use a separate form for each course dropped.***