



Virtual Arkansas Concurrent Campus Drop Form 2017 - 2018

Fill out completely, scan to email at toni.carter@virtualarkansas.org or
FAX to 870.367.8179

Date Rec'd	Final Count	Spreadsheet/Roster/	Univ/VA	PP
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: _____

Students may remain in class for high school credit only (HSCO).
Please contact concurrent office before withdrawal.

Use a separate form for each course dropped.