

Arizona Migrant PASS Program

3150 S. Avenue A

Yuma, AZ 85364

Telephone: (928) 502-4667

Fax: (928) 502-4747

Withdrawal Form

Enrollment Date: _____

Withdrawal Date: _____

Student Name: _____

Student ID: _____ **SAIS #:** _____ **Grade:** _____

Campus: _____ **Contact:** _____

Course(s) to be withdrawn: (Please return all unused materials)

1. _____ Units Completed:

2. _____ Units Completed:

Reason:

- Not in School
- Time Expired
- Graduated

- Taking Course in School
- Doesn't Need Credit
- Other

Person Requesting Withdrawal:

Signature

Date