



ASUN Concurrent Withdrawal Form & Statement of Understanding

Student Name: _____

ID: _____

High School: _____

Term: _____

Statement of Understanding:

I have read '*Withdrawing from a Concurrent Course: Possible Consequences*' and understand that grades D, F, or W (withdrawing from course) can affect the Concurrent scholarship and/or future financial aid.

Student Signature: _____ **Date:** _____

***High School Official Signature:** _____ **Date:** _____

*If student is unable to sign, the signature of the high school official indicates an administrative withdrawal.

Having read and signed the Statement of Understanding, please withdraw me from the following course(s):

Course: _____

Course: _____

Course: _____

Course: _____

FOR OFFICE USE ONLY:

Date Received: _____

Processor's Initials: _____