



Discovery Academy
St. Cloud Technical & Community College
1540 Northway Drive, St. Cloud MN 56303

DISCOVERY ACADEMY COURSE WITHDRAWAL FORM

Student Name: _____ SCTCC Tech ID: _____

High School: _____

Fiscal Year: _____

Course: _____

☐ I understand that I am withdrawing the above Discovery Academy course and understand I will have a "W" (withdrawal) on my SCTCC transcript. A withdrawal will not affect my SCTCC GPA but may affect my course completion rate.

Signature of Student

Date

Signature of High School Instructor

Date

Signature of High School Counselor

Date

Signature K-12 Initiatives Director

Date

Internal Use ONLY

Course #: _____ Course ID: _____

Form Received before Last Date to Withdraw? ☐ Yes ☐ No