

## Virtual Flex Course Cancellation Form

*Please note:*  
All cancellations are subject to a \$15 processing fee.

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Student Number: \_\_\_\_\_ Grade: \_\_\_\_\_

### Virtual Course(s) to Cancel:

1. Course Name: \_\_\_\_\_ Supervising Teacher: \_\_\_\_\_

Session (please circle):      Summer Session      Fall Session      Spring Session

2. Course Name: \_\_\_\_\_ Supervising Teacher: \_\_\_\_\_

Session (please circle):      Summer Session      Fall Session      Spring Session

3. Course Name: \_\_\_\_\_ Supervising Teacher: \_\_\_\_\_

Session (please circle):      Summer Session      Fall Session      Spring Session

**Reason for Cancelling:** \_\_\_\_\_

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### Agreement & Signatures:

I would like to cancel the above virtual course(s). I understand that I will receive a partial refund since the school district must pay a fee for every enrollment/cancellation and the credit card processing. Credit will be issued to the same credit card used for payment of the course(s).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please submit this form to Jon Downs:**      **Dr. Jon Downs, Director**  
**Office of Educational Alternatives**  
**154 W. Nittany Ave.**  
**State College, PA 16801**  
[jmd16@scasd.org](mailto:jmd16@scasd.org)  
**(814) 231-1002**