



**SEF SUMMER ACADEMY
HIGH SCHOOL PROGRAM**

CREDIT COURSE - DROP/WITHDRAWAL REQUEST

Please use BLACK or BLUE INK only.

Print Student Name: _____ Student ID #: _____

Parent's Name: _____

E-mail Address: _____

Today's Date: _____

Did you receive a partial scholarship this summer? **Yes** **No**

Course(s) to be dropped:

Course Name _____

Units: _____ Session # _____

Teacher Name _____

Reason for withdrawal _____

I verify the above drop selection(s) are truthful and represent my understanding of the academic implications. I understand that this request is based on "Drop/Withdrawal Policy", as stated in the SEF Summer Academy 2014 Course Catalog. Failure to follow policy may result in denial of this withdrawal.

Student Signature: _____

Staff Signature: _____ Date: _____

Staff Comment: _____

Students: Please keep a copy of this for your records.

<p>SEF Office Use Only</p> <p>Date Stamp:</p>
