



**SEF SUMMER ACADEMY
HIGH SCHOOL PROGRAM**

CREDIT COURSE - DROP/WITHDRAWAL REQUEST

Date _____

Please use BLACK or BLUE INK only.

Print Student Name: _____

Parent's Name: _____

E-mail Address: _____

Course to be dropped:

Course Name: _____

Units: _____

Reason for withdrawal: _____

I verify the above drop selection is truthful and represents my understanding of the academic implications. I understand that this request is based on the "SEF Drop/Withdrawal Policy", as stated in the SEF Summer Academy 2018 Course Catalog. Failure to follow policy may result in denial of this withdrawal.

Student Signature: _____

Parent Signature: _____ Date: _____

Summer Academy Principal Signature: _____

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