



**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 2019 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.**