



# SPRING VALLEY ACADEMY

1461 E. Spring Valley Pike, Centerville, OH 45458 ♦ (937) 433-0790 ♦

## COURSE WITHDRAWAL REQUEST FORM

Request Submission Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Course Name: \_\_\_\_\_ Graduation Requirement: \_\_\_ Y \_\_\_ N

If requested course is needed for graduation how will it be satisfied: \_\_\_\_\_

\_\_\_\_\_

**Please provide details as to the reason(s) for this request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please note that Spring Valley Academy has established pre-determined Withdrawal Deadlines for each semester.*

**Please sign and submit along with instructor and parent signature:**

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

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Office Use Only**

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved**     **Denied**    Reason: \_\_\_\_\_

*Copy for student file*