



SPRING VALLEY
 ACADEMY
 KNOW FOLLOW SHARE JESUS

1461 E. SPRING VALLEY PIKE, CENTERVILLE, OHIO 45458, 937-433-0790

COURSE WITHDRAWAL REQUEST FORM

Request Submission Date: _____

Student Name: _____ Classification: _____

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. All withdrawal requests must be submitted by the end of the 5th week of the 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: _____

Curriculum Chair: _____ Date: _____

Vice Principal: _____ Date: _____

Approved **Denied** Reason: _____

Copy for student file and send home for parent