

Nonnewaug High School

5 Minortown Road Woodbury, CT 06798 Telephone Number (203) 263-0253 Fax (203)263-6928

COURSE WITHDRAWAL FORM

My student is requesting a withdrawal from:

(Name of course)

The reason for this request is:

Nonnewaug Course Withdrawal Policy:

Course withdrawals <u>after 10 class days</u> will be reflected on the student's transcript with a "W". The "W" will indicate that no credit will be given for the course.

In addition to the "W" on the student's transcript, individual schools and universities will be notified when a senior withdraws from a course.

I give my permission for		to drop this course and
I am aware of Nonnewau	g High School's Course Withdrawal Polic	cy.

Signature of Parent:	Date:
0	

Teacher:_____:

I Approve/Disapprove of this decision (please circle one)

Date:_____