



**NORTHEAST REGIONAL SCHOOL
of Biotechnology
and Agriscience**

NERSBA REQUEST TO WITHDRAW FORM

SCHOLAR RESPONSIBILITY Scholars are responsible for completing this form and submitting it to Mrs. Newman by the pre-determined date on the NERSBA calendar.

PARENT/GUARDIAN RESPONSIBILITY Parents/guardians are responsible for understanding the effects of a withdrawal on their scholar's academic goals at NERSBA. If a withdrawal is requested, the parent/guardian is required to sign this form and meet with NERSBA staff for a recommendation & approval of a withdraw.

****To be officially withdrawn from a course(s), this form must be received by Mrs. Newman and approval granted by NERSBA****

SCHOLAR'S NAME	MCC STUDENT NUMBER
PARENT/GUARDIAN NAME(S)	PHONE NUMBER
TERM <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER YEAR _____ INSERT A ✓ IN THE APPROPRIATE TERM BOX	
HAVE YOU WITHDRAWN FROM ANY PREVIOUS COURSES AT NERSBA (BEGINNING AUG 2015)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST THE COURSES:	
*REMINDER: WITHDRAWING FROM MORE THAN 5 COURSES AT NERSBA WILL RESULT IN A SCHOLAR RETURNING TO THEIR "HOME SCHOOL".	

WITHDRAWAL

COURSE NUMBER	SECTION NUMBER	CREDIT HOURS	COURSE TITLE	INSTRUCTOR'S NAME	INSTITUTION

Reason for Requesting a Withdraw	I AM REQUESTING A WITHDRAW BECAUSE...
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SIGNATURE OF STUDENT _____

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

OFFICE USE: _____ **Approved** _____ **Denied** _____

SPRING 2017 FORMS ARE DUE TO MRS. NEWMAN BY NOON ON MONDAY MARCH 20, 2017