**LSUE Academy**

**Letter of Intent to Resign from LSUE Academy Program**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ high school in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ parish, have decided to resign from the LSUE Academy Program and this resignation will go into effect for the \_\_\_\_\_\_\_\_\_\_\_\_ semester, on \_\_\_\_ day of \_\_\_\_\_\_\_\_ in year \_\_\_\_\_\_\_. I will not be able to continue taking the course work for the degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ once I submit this intent. I understand that I will have to resubmit another online application for LSUE Academy Program if I decide to take further courses on or off campus after the submission of this form. I understand that I have the right to change my mind after submitting this form, under the intention I must submit a letter for re-entry in writing to the Director of LSUE Academy and Dual Enrollment before the beginning of the new academic year, explaining my reasoning to remain in the program.

\_\_\_\_\_ I agree with the following statement above and will hereby acknowledge my decision to withdraw from the LSUE Academy Program.

\_\_\_\_\_ I don’t agree with the following statement above and revoke my decision to withdraw from the LSUE Academy Program. I will reapply the following academic year for re-entry.

Sign and date on the following lines below to agree with acknowledgement above. Please make sure all signatures are obtained before turning form into the LSUE Academy and Dual Enrollment Office.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Signature Date Student’s LSUE ID #**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**High School Representative’s Signature Date Title or Position of Representative**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

**Director of LSUE Academy’s Signature Date**

Please return form to the office of LSUE Academy and Dual Enrollment in Manuel Hall, located in Academic Affairs office room M-102. Students, keep a copy for your records. If you have any questions or concerns, please contact the office at 337-457-6130 or email lsueacademy@lsue.edu.