



STUDENT/PARENT INITIATED COURSE DROP

Date _____

This form is only a **REQUEST**. You must continue to attend classes on your schedule until you are notified by a counselor. All high school students must be scheduled for 6.0 credits each year. Please reference the student handbook for further information.

*** YOU MAY NOT DROP COURSES AFTER 20 SCHOOL DAYS***

You must follow these steps in order:

STEP #1 Student's Name _____ 9 10 11 12 (circle one)

Drop Course _____

Specific Reason for Drop: _____

STEP #2 Are you taking this course for **NWTC credit**? Please circle Yes No

If yes, NWTC coordinator signature required ([Leah Grant](#)) _____

STEP #3 Proposed Dropped Course's Teacher Information

Course Grade (for Parent/Counselor Reference): _____

Course will be recorded on transcript as (circle one): WP WF

Attitude: _____

Comments: _____

Teacher's Signature: _____

STEP #4 Parent/Guardian – I have discussed this change with my son/daughter and I believe it
_____ **would** be in his/her interest and I approve of this change.

_____ **would not** be in his/her best interest.

I am also aware that this change may affect his/her career choice and post secondary plans. Questions should be directed to Student Services at (920) 822-6725.

Comments: _____

Parent/Guardian Signature: _____

STEP #5 Counselor - If parent/guardian approved, will this change affect

_____ Graduation Requirements _____ Post-secondary Plans

Comments: _____

Counselor's Signature _____

Date: _____

Registrar Initials:

Date: