

**ADLAI E. STEVENSON HIGH SCHOOL**

**COURSE DROP REQUEST**

NAME \_\_\_\_\_ ID NUMBER \_\_\_\_\_ GRADE \_\_\_\_\_

COURSE NAME \_\_\_\_\_

REASON FOR REQUEST

PRESENT ACADEMIC GRADE \_\_\_\_\_

- Students may withdraw from a course until eight days after the end of the first six-week grading period each semester.
- Students who drop a class after this time period will receive a grade of WF (withdraw with a failing grade) and will have the failing grade calculated into their grade point average.
- Please note that in a full-year course students have only the first five days of the second semester to drop.
- Students must maintain their current schedule until meeting with their counselor to process this change.
- Return this form to your counselor when it is complete.

**Please obtain signatures in the following order:**

1. STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

2. PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

3. COUNSELOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COUNSELOR COMMENT \_\_\_\_\_

*Counselor signature indicates verification of credit checks, graduation requirements, and minimum course load requirements.*

4. TEACHER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TEACHER COMMENT \_\_\_\_\_

Teacher has collected textbook

Student needs to return textbook to Division office

There is no textbook to be returned

5. DIRECTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY: Processed on \_\_\_\_\_ Initials \_\_\_\_\_**