## ADLAI E. STEVENSON HIGH SCHOOL

## **COURSE DROP REQUEST**

NA	AME	ID NUMBER	GRADE
CO	OURSE NAME		
RI	EASON FOR REQUEST		
PR	ESENT ACADEMIC GRADE		
	<ul> <li>Students may withdraw from a course of grading period each semester.</li> <li>Students who drop a class after this time with a failing grade) and will have the average.</li> <li>Please note that in a full-year course stonester to drop.</li> <li>Please note that if students drop below to participate in competitive co-curricul.</li> <li>Students must maintain their current process this change.</li> <li>Return this form to your counselor when</li> </ul>	me period will receive a ge failing grade calculated udents have only the first live classes in a semester, far activities.	grade of WF (withdraw d into their grade point five days of the second they will be ineligible
	Please obtain signatur	es in the following order	:
1.	STUDENT SIGNATURE		_DATE
2.	PARENT SIGNATURE		_DATE
3.	COUNSELOR SIGNATURE  COUNSELOR COMMENT  Counselor signature indicates verification of credit checks, gr		
4.	TEACHER SIGNATURE	-	DATE
	☐ Teacher has collected textbook		
	☐ Student needs to return textbook to Divi ☐ There is no textbook to be returned	sion office	
5.	DIRECTOR SIGNATURE		_DATE
	FOR OFFICE USE ONLY: Processed on	Initia	ls

3/17 sp