

WHS Class Drop Request Form

Student: _____

Date: _____

To ensure students a wide variety of choices and the greatest potential for success in college and beyond, it is recommended that Whitnall students take a minimum of 6 courses per semester.

Add a Course:

- A student may add a course to replace a study hall within the first 10 days of a semester.

Drop a Course:

- If a student is enrolled in 7 courses, student may drop a course for another within the first 10 days of the semester.
- If a student is enrolled in 7 courses, student may drop a course by the end of the first quarter of each semester.
- Seniors dropping a course after college applications are submitted, are required by the College / University to be notified in writing of any schedule changes. Students should obtain confirmation from the university that dropping a course will not affect their admission decision PRIOR to any changes being made.
- Any course dropped after the quarter will result in a semester grade of an "F".

Please list the courses of your current schedule below.

Hour	Class
1	
2	
3	
4	
5	
6	
7	

Please indicate the course you are requesting to drop and add.

Course to drop: _____

Course to add: _____

Please explain the reason for your request.

In order to drop a course, students must seek teacher approval.

Please complete the student self-assessment section and then turn into your classroom teacher. Please do not interrupt class to give to a teacher. Classroom teachers have 24 hours to complete and return to the student.

Teacher Received on: _____ Teacher Initials: _____

Please indicate (A= Always, U = Usually, S= Sometimes, R= Rarely, N= Never)

	student self assessment	teacher assessment
Class attendance		
Classroom participation		
Homework completion (on time)		
Assignments completed in a careful and quality manner		
Study for tests / quizzes Are study guides completed in comprehensive manner?		
Student obtains teacher support in zero hr / after school		
Student has retaken or resubmitted evidences of learning		

Is the level or course change recommended by the teacher at this time? YES NO

If the request is not recommend, please indicate your availability to conference:

Teacher Signature: _____ Date: _____

Once teacher approval is received, students should review the form with their parent and return to guidance.

Parent Signature: _____ Date: _____
(Parent, do not sign unless the teacher evaluation is complete with the teacher's signature.)