## CORSICANA HIGH SCHOOL REQUEST TO DROP AN ADVANCED ACADEMIC (PAP, AP & Honors) COURSE

The request must be approved by the parent, teacher, and counselor and is subject to course availability based on staffing and instructional supplies.

Student's Name:	ID#:	
STEP 1: STUDENT		
I am requesting that I be permitted to drop		·
Check if accurate:		
I have completed all assignments.		
I have attended tutorials more than once (Tea	cher initial)	
I have given my best effort to this class.		
Reason for dropping the course:		
Name:		
Please print	Signature	Date
STEP 2: PARENT		
I □ approve □ disapprove of my student dropping	the course.	
Name:		_
Please print	Signature	Date
Best number to reach during the day	E-mail address	
STEP 3: TEACHER		
Current student grade:		
I □ approve □ disapprove of this student dropping	the course.	
Name:		
Please print	Signature	Date
STEP 4: COUNSELOR		
Please return the completed form to your counselor	-	our existing course
until you have received a new schedule from your co	ounselor.	
Course change made:		
Drop Add	<del></del>	
Data By		