

CORSICANA HIGH SCHOOL REQUEST TO DROP A DUAL CREDIT COURSE

The request must be approved by the parent, Mrs. Franklin, 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 given my best effort to this class.

Reason for dropping the course:

Name: _____
Please print Signature Date

STEP 2: MRS. FRANKLIN

I **approve** **disapprove** of this student dropping the course.

Name: _____
Please print Signature Date

STEP 3: 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 4: COUNSELOR

Please return the completed form to your counselor. You must continue to attend your existing course until you have received a new schedule from your counselor.

Course change made:

Drop _____ Add _____

Date _____ By _____