

WITHDRAW FROM CLASS REQUEST

Owatonna High School

Name: _____ Grade: _____ Date: _____

Current GPA: _____ Total Credits Completed/Needed: _____ / 7 14 21 28
(circle grade appropriate credit)

NOTE: All withdraws requested beyond the 10th class meeting will result in a ***withdraw/fail recorded*** on your transcript. The letters W/F will indicate a withdraw/failure and will count as a 0.0 in all GPA calculations. Successfully repeating the same class will replace the W/F with the “new” grade earned on the transcript.

Course Name: _____ Course #: _____

THIS SECTION TO BE COMPLETED BY COUNSELOR ONLY!

WITHDRAW

Within first 10 class days

WITHDRAW/FAIL

After first 10 class days

Period: 1 2 3 4

Quarter: 1 2 3 4

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

IEP Yes: Case Manager Signature: _____ Date: _____

Once the student is withdrawn from a class, they will be placed in a study hall.

Routing: _____ R. Stewart _____ Cumulative File