

Request an Off-Period

This request is for students who have earned enough credit to take an off period.

All students must have a full schedule 1st Semester. You can request a 2nd Q drop after October count at the end of 1st Q.

Student Name: _____ Advisor: _____

Total Credit Earned towards graduation
: _____

Number of credit still needed to graduate: _____

What period(s) are you requesting to drop? Check all that apply:

- 2nd Q AM
- 2nd Q PM
- 2nd Q SEM
- 3rd Q AM
- 3rd Q PM
- 3rd Q SEM
- 4th Q AM
- 4th Q PM
- 4th Q SEM

Name of the class are you dropping: _____

The reason for dropping this class: _____

Advisor Signature: _____

Counselor Signature: _____

Principal Signature: _____

Parent Signature: _____ Parent Name: _____