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: ____________________________