



ADLAI E. STEVENSON HIGH SCHOOL
COURSE DROP REQUEST

NAME _____ ID NUMBER _____ GRADE _____

COURSE NAME _____

REASON FOR REQUEST _____

PRESENT ACADEMIC GRADE _____

- Students may withdraw from a course until the end of the first eight weeks of each semester.
- Students who drop a class after this time period will receive a grade of W (withdrawn).
- Please note that in a full-year course, students have only the first five days of the second semester to drop.
- Students must maintain their current schedule until meeting with their counselor to process this change.
- Return this form to your counselor when it is complete.

PLEASE OBTAIN SIGNATURES IN THE FOLLOWING ORDER:

1. STUDENT SIGNATURE _____ DATE _____

2. PARENT/GUARDIAN SIGNATURE _____ DATE _____

3. COUNSELOR SIGNATURE _____ DATE _____

COUNSELOR COMMENT _____

Counselor signature indicates verification of credit checks, graduation requirements, and minimum course load requirements.

4. TEACHER SIGNATURE _____ DATE _____

TEACHER COMMENT _____

- Teacher has collected course materials
- Student needs to return course materials to the Division office
- There are no course materials

5. DIRECTOR SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY: Processed on _____ Initials _____