

# Sanger High School

## AP/Honors Course Withdrawal Change Request

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Teacher: \_\_\_\_\_ Course: \_\_\_\_\_

Student's reason(s) for desired change: (required)

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*Remember: Your entire schedule could be affected by the change. \*\*\***

1. You must continue attending your current classes until you have your new schedule in hand.
2. Your course change request may be made only
  - a. at the end of the first progress report of the year
  - b. at the end of the 1<sup>st</sup> semester
3. To be considered for a transfer, the student **MUST**: (Teachers please initial)
  - \_\_\_\_\_ be earning less than a grade of 75 on the first progress report or at the end of the first six week grading period,
  - \_\_\_\_\_ have made a sincere effort to succeed by attending tutorials and completing his/her work,
  - \_\_\_\_\_ be prepared to attend a meeting between the student, parent(s)/guardian, and teacher regarding all AP/PAP/OnRamps course changes.
4. Space availability in the receiving course will be a consideration for a course level change. A change in level does not guarantee a change in teacher.
5. Withdrawing from an AP/PAP/OnRamps course may affect your off periods, lunch, and other classes.

### \*\*\*Teacher Use Only\*\*\*

Date of Meeting: \_\_\_\_\_ Time: \_\_\_\_\_ Course: \_\_\_\_\_ Current Average: \_\_\_\_\_

Meeting Notes (for teacher use): (attached progress reports/grades with signed form)

\_\_\_\_\_

\_\_\_\_\_

Withdrawal Approved (circle): yes / no

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### \*\*\*Office Use Only \*\*\*

Course(s) to be dropped:

Course(s) to be added:

Submitted Grade Change: \_\_\_\_\_

\_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Date of Change: \_\_\_\_\_

NOTES:

\_\_\_\_\_

\_\_\_\_\_