

AP/ACP/Dual Credit Drop Form

****Request must be submitted within 5 days of the beginning of class.
Requests will NOT be considered after 5 days.**

Student Name: _____ Name of Class _____

___ I give permission for my student to drop this AP/ACP/Dual Credit class.

___ I understand that this may affect their Academic Honors Diploma status.

Reason:

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Current class grade: _____

___ I approve for the student to drop ___ I do NOT approve for the student to drop

**PLEASE RETURN FORM TO SCHOOL COUNSELOR AFTER TOP THREE SIGNATURES
ARE COMPLETE**

Counselor Signature: _____

___ I approve for the student to drop ___ I do NOT approve for the student to drop

Principal's Signature: _____

___ I approve for the student to drop ___ I do NOT approve for the student to drop

Result: ___ Student dropped the class ___ Student stayed in the class