

# 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 Quarter off period after October Count, at the end of 1st Quarter.*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor: \_\_\_\_\_

Total credit earned towards graduation : \_\_\_\_\_

Number of credits still needed to graduate: \_\_\_\_\_

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

<input type="checkbox"/> Q2 AM 1/ Block	<input type="checkbox"/> Q3 AM 1/ Block	<input type="checkbox"/> Q4 AM 1/ Block
<input type="checkbox"/> Q2 AM 2/ Block	<input type="checkbox"/> Q3 AM 2/ Block	<input type="checkbox"/> Q4 AM 2/ Block
<input type="checkbox"/> Q2 Mid Block	<input type="checkbox"/> Q3 Mid Block	<input type="checkbox"/> Q4 Mid Block
<input type="checkbox"/> Q2 PM Block	<input type="checkbox"/> Q3 PM Block	<input type="checkbox"/> Q4 PM Block

Name of the class are you dropping: \_\_\_\_\_

The reason for dropping this class: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

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

Principal Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Parent Name: \_\_\_\_\_