UNR Collegiate Academy
Course Drop Form

Today's Date: _____

Student Name: _____

Student ID: _____

Semester/Year: _____

Drop the following:

Course Title	Instructor	Class Period	Instructor Signature

By signing this form, you acknowledge that you have done the following:

- ☐ Discussed this with your teacher in person
  - This includes at least one previous discussion as to how you can improve your performance in the course(s) you're now wanting to drop
- ☐ Discussed this with your parent/guardian
- ☐ Your parent/guardian has had a discussion with your teacher
- ☐ Received a signature from each instructor of the course(s) you're requesting to drop

You acknowledge that you may be placed into an Edgenuity course for the semester/year to earn credit.

_____

Student Signature Date

_____

Parent/Guardian Signature Date

After all the steps are complete, please present this form to your counselor to move forward in the process