

Central High School District of Westosha
Request to Drop an AP Class

Date: _____ Name: _____

I would like to request that my son/daughter, _____, be allowed to drop _____ and add _____ for the following reasons:

I understand that simply making this request does not in itself mean that the proposed change will occur, but that it will be considered, and I will be notified on the decision through my/son daughter. A rejection of this will either end the process or require a parent/teacher conference for further consideration.

AP drop requests must be submitted by August 1st. Students are encouraged to talk with the AP teacher prior to requesting a drop. Requests for AP drops after the start of the first semester are highly discouraged but will be considered. No AP drops will be permitted during second semester. Students must talk with their AP teacher when requesting a drop during the school year in order for the drop request to be considered. If a student drops a class thirty (30) school days after the start of first or second semester, a semester grade of "F" will be recorded on the student's permanent record for the course. If it is found that a student has been misplaced, the teacher may recommend placing the student in a lower level of the course. In this case, the student will receive the grade he/she has accumulated in the course.

Parent Signature: _____ Date: _____

Teacher Signature: _____ Date: _____

Comments: _____

Counselor Signature: _____ Date: _____

Approve **Reject**

Director of Curriculum Signature: _____ Date: _____