

Add/Drop Form

This form must be signed and returned to your counselor for schedule change to take place. Continue to attend currently scheduled classes until the change is confirmed by your counselor.

Student Name _____ Grade _____ Student ID _____

Counselor Name _____ Today's Date (return form within 3 days) _____

Student: Tell us your reasons for requesting this change _____

Step 1: Get Teacher Initials Approving PROPOSED schedule

per.	Course	Teacher	Initials
1			
2			
3			
4			
5			
6			
7			
8			

Step 2: Get Teacher Initials on CURRENT schedule

per.	Course	Teacher	Initials
1			
2			
3			
4			
5			
6			
7			
8			

Signature of previous teacher(s) not required per Administrator decision. Counselor will inform teacher(s) of change via email.

Administrator Signature

Parent/Guardian: This request will only be granted with your approval. You should discuss this with your student's counselor and teacher by calling them at 503-916-5280. If a course is dropped, NO CREDIT IS ISSUED. Required courses must be made up at Summer School, Night School, or through an accredited independent study program, where tuition is

Counselors: Check one and list course(s) to receive "drop" grade below.

WF: withdraw failing—factored as an F in GPA. After the first three weeks of the semester, but before the last three weeks of the semester.

WN: Withdraw no-pass. For courses in P/NP system only; not factored into GPA. After the first three weeks of the semester, but before the last three weeks of the semester.

F: Failing. Last three weeks of the semester; factored as F in GPA.

OR

Administrator initial: _____

WX: No credit. Extreme cases only; not factored into GPA.

Parent Signature / Date _____

Administrator Signature / Date _____

Counselor signature that process is complete / Date _____

Data Clerk Signature that grade has been posted / Date _____