

AP CLASS DROP FORM

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

Student Name: _____ AP Class: _____

____ I give permission for my student to drop this AP 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 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