



WARD MELVILLE HIGH SCHOOL

2010-2011 COURSE DROP REQUEST



PRINT NAME: _____ GRADE: 10 / 11 / 12 COUNSELOR: _____
 (Circle one)

STUDENT EMAIL ADDRESS: _____

PARENT PHONE #'s: HOME: _____ CELL: _____ WORK: _____

Reason for drop? Duplicate Course; No Longer Desired;
 Is dropped course required for Graduation: Yes; No; Is dropped course required for Regents Diploma: Yes; No
 Please provide greater explanation for requesting to drop this particular course. *(use back of form if more space is required)*

Please note that some courses are not required for graduation but may be required for a Regents Diploma or Advanced Regents Diploma.
 * * * We have been advised by many colleges that schedule changes may impact a student's competitiveness in the college application process. * * *

PLEASE CHECK THE CAMPUS PORTAL FOR THE MOST UPDATED STUDENT SCHEDULE. THE CAMPUS PORTAL WILL ALWAYS HAVE THE MOST UPDATED SCHEDULE AND STUDENTS MUST FOLLOW THE SCHEDULE AS POSTED ON THE PORTAL.

REQUESTED DROP			
	Course #	Course Name	Period
A			
B			
C			

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____

DO NOT WRITE BELOW THIS LINE

Schedule Changed? Yes; No

Date Received: _____

Date Changed: _____

Counselor Initial: _____