

MRS. HANAN ABDALLAH, PRINCIPAL

Add/Drop Form

Students Name: _____ Date Requested: _____

Grade: _____ Quarter: _____ Class: _____ Period: _____

Circle one: Requesting to add drop the class listed above.

Reason for adding/dropping: _____

If you are dropping a class are you adding another class? Yes No

If you answered "yes", what class are you adding: _____ Period: _____

Comments: _____

1. Drop Teacher's Signature: _____

2. Add Teacher's Signature: _____

3. Academic Counselor's Signature: _____

4. Parent's Signature: _____

Approved/Denied – Date: _____

No class will be added or dropped without the signatures secured in the order in which they are numbered. A student going through the add/drop process needs to complete and hand in the add/drop form to the **academic counselor to be approved**. Students must attend the original class until all signatures are secured. Add/drop process is incomplete until all signatures are secured.

Entered in the USM System by: _____ Date: _____
(Initials)