## HALLS HIGH SCHOOL – REQUEST to DROP AP/HONORS COURSE

Request for change in academic rigor / course level

Student's Name: Grade Leve		Grade Level:	
My signature below indicates my awaren implications of this request. I understand based on the level of courses that were in responsibility for this decision if this request or remain in the assigned class until the exaministration and submitting this form	I it is contradictory to the pre ndicated by my academic pe lest is granted. If changes are end of the semester. <b>Ultima</b>	vious teacher's recommend formance and potential thu granted, I understand that ely, this decision will be ma	lation, which was is far. I take full I will be required
Student's Signature:	Date:	Email:	
Parent's Signature:	Date:	Email:	
Requesting recommended cour	se/level change of		
	to		
Reasons for requesting this chang	e (be specific):		
Teacher Signature:	Date: _		Agree/Disagree
Counselor Signature:	Date: _		_Agree/Disagree
Counselor Comments:			
Administrator Signature:	Date:		Agree/Disagree