



# Upper School COURSE/ Academic ELECTIVE Drop/Add/Transfer Request Form

This form is being initiated by \_\_\_\_\_

Relationship to student \_\_\_\_\_

Student's Name \_\_\_\_\_ Student's grade \_\_\_\_\_

Date student began course: \_\_\_\_\_

Date form was initiated: \_\_\_\_\_

Current Program: Hybrid Student Connections Student

***THIS IS ONLY A REQUEST: You should still continue to attend the classes on your schedule until you receive written notification your schedule has been changed. Requests are not accepted by phone or email. They must be made using this form.***

*Because we believe in the partnership between our families, students, teachers and staff, we desire to give all parties opportunity to make the most informed decision. Use of this form helps balance the request of the student, the family's financial obligation, the potential impact on the teacher and class, and the school's desire/need to be fiscally responsible.*

### **Student requesting to withdraw from/drop a class:**

- Generally, to be approved, this request must be initiated within the first 3 weeks of the class (9 actual on-campus class days)
- Whether this request is approved or not, your account will be charged \$25 per change/per request.
- Students initiating a drop/withdraw request after the first 3 weeks (or 9 actual on-campus class days) may have a WP (Withdraw Passing) or WF (Withdraw Failing) noted on their transcript/report card.
- Students switching from non-honor to honor or vice versa, must do so within the first 3 weeks (or 9 actual on-campus class days) to receive approval. \$25 per change/request will be charged.
- Only in exceptional cases are requests to drop/withdraw from a required/core courses approved.
- As outlined in the financial agreement, the full amount of the agreement (in this case, the full amount of the class(es) is due unless you request a change to your agreement and it is approved..

### **Student requesting to transfer to or add a different class:**

- Generally, to be approved, this request must be initiated within the first 3 weeks from the start of the class (9 actual on-campus class days).
- If approved, no note will be made on the student's transcript/report card.
- Whether this request is approved or not, your account will be charged \$25 per change/per request.
- If requesting a transfer, there will be no financial reimbursement from the class change should the two classes be a different price (if applicable).
- If adding a course, the full amount of the class will be charged up to the 3<sup>rd</sup> week of the class (9 actual on-campus class days). After that, the class cost will be pro-rated.

### **Approval is generally granted in the following cases: (this list is not exhaustive)**

- Course is out of sequence
- Student has less than the minimum grade(D or F) in a high school level course or pre-requisite or can demonstrate the student is not making adequate progress\*
- Not having enough classes/hole in the schedule

**We will not accept requests for the following reasons: (this list is not exhaustive)**

- Because of teacher preference
- You "changed your mind"
- You want to have class with your friends.

Please list all courses:

To Drop: \_\_\_\_\_ To Add: \_\_\_\_\_

To Drop: \_\_\_\_\_ To Add: \_\_\_\_\_

Transfer from: \_\_\_\_\_ to \_\_\_\_\_

Transfer from: \_\_\_\_\_ to \_\_\_\_\_

**Clearly state the reason(s) for your request and if requesting a change to your financial agreement, please give the exact monetary amounts you are requesting be changed (use additional paper if necessary):** \_\_\_\_\_

---



---



---



---



---



---

\*Please note: If your request to drop/withdraw/add a class(es) causes a program change, please complete the Program Change Form in addition to this form.

***We understand that this request may affect college or scholarship requirements/acceptance:***

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have met with and discussed this request with the following CCA Staff: (Signature of all affected teachers is required)**

Teacher \_\_\_\_\_ Date \_\_\_\_\_

Teacher \_\_\_\_\_ Date \_\_\_\_\_

**If course is high school level:**

Guidance Counselor \_\_\_\_\_ Date \_\_\_\_\_

**\*If you are citing *insufficient course progress* as your reason for requesting a change, you must also meet with and discuss request with CCA's Resource Teacher:**

Resource Teacher \_\_\_\_\_ Date \_\_\_\_\_

Office Use: Admin 1 \_\_\_\_\_ Admin 2 \_\_\_\_\_

Referred to the Board of Directors for Approval Reviewed on: \_\_\_\_\_

Comments: