Last name, first name	Grade	Counselor	Today's date	Student email or telephone number	
Parent email address (r	equired for notification)				
Add Deadlines:					
September 19, 2016 February 3, 2017	for fall-semester or full-year elective courses for spring-semester electives				
Drop and Level-change Dead	lines:				
		<mark>leadline require a</mark>	<mark>administrative a</mark>	pproval. If approval is granted a grade of "With	<mark>drawal Pass"</mark>
or "Withdrawal Fail" wil	ll appear on the final transcript	depending on th	<mark>e student's grad</mark>	e on the drop date. Parent signature required f	or a drop afte
the deadline: Parent Sign					
October 21, 2016	for fall-semester electives				
December 23, 2016	for full-year course-level ch	ent to regents, regents to non-regents)			
February 17, 2017	for spring-semester electiv	es			
	DROP	PER	RIOD	ADD	PERIO
Required: Please expla	in the reason for your request. Us	e the other side of	f this page if you i	need more space.	
				order they are listed below and (2) turning in the co e the Guidance Director's signature. The parent will	-
· · · · · · · · · · · · · · · · · · ·			-	e change becomes effective when the new schedule a	
Parent	Comments			Date _	
Teacher	Comments			Date	
Department Chair	Comments			Date	
Counselor	Comments			Date	
Director of Guidance	Comments			Date	